| United States Bankruptcy Co Northern District of Illi Case number (If known): | ourt for the: | of 557 I I I I I I I I I I I I I I I I I I |
|--|--|---|
| | Chapter 7 Chapter 11 | 0 1. |
| | Chapter 12 | JEFFREY P. ALLSTEADT, CLERK |
| | Chapter 13 | LICheck if this is an amended filing |
| Official Form 101 | | |
| Voluntary Pe | tition for Individuals I | Filing for Bonksons |
| Debtor 2 to distinguish between the person must be Debtor 2 ame person must be Debtor 3 are as complete and accurate a person of the person of | en them. In joint cases, one of the spouses must in all of the forms. | married couple may file a bankruptcy case together—called a both debtors. For example, if a form asks, "Do you own a car, ed about the spouses separately, the form uses <i>Debtor 1</i> and report information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The her, both are equally responsible for supplying correct he top of any additional pages, write your name and case num. |
| art 1: Identify Yourself | | |
| Your full name | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Write the name that is on your | Teresa | |
| identification (for example, your driver's license or passport). | First name A | First name |
| Bring your picture | Middle name Zupec | Middle name |
| identification to your meeting with the trustee. | Last name | Last name |
| | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| All other names you | | |
| have used in the last 8 | First name | |
| years Include: | Middle name | First name |
| HICIUGE VOUR married or | widdle ridille | Middle name |
| micidide your married or maiden names. | | whome flame |
| midide your married or maiden names. | Last name | Last name |
| miciade your married or maiden names. | Last name First name | |
| maiden names. | | Last name |
| maide your married or maiden names. | First name | Last name First name |
| maiden names. | First name Middle name | Last name First name Middle name |
| maiden names. | First name Middle name Last name | Last name Middle name Last name Last name |
| umber or federal | First name Middle name | Last name Middle name Last name XXX — XX — |
| maiden names. Only the last 4 digits of our Social Security umber or federal addividual Taxpayer | First name Middle name Last name XXX - XX - 7 6 6 3 | Last name Middle name Last name Last name |

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| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case) |
|--|---|--|
| Any business names and Employer Identification Numbers (EIN) you have used in | l have not used any business names or EINs. | ☐I have not used any business names or EINs. |
| the last 8 years Include trade names and | Business name | Business name |
| doing business as names | Business name | Business name |
| | EIN | EIN |
| THE THE WAS SERVED TO SERVED THE | EIN | EIN |
| Where you live | | |
| | 808 West Junior Terrace | If Debtor 2 lives at a different address: |
| | Number Street | Number Street |
| | Chicago IL 60613 | |
| | Cook County State ZIP Code | City State ZIP Code |
| | County | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | Number Street |
| | P.O. Box | P.O. Box |
| provided a comment assumption has all the household and the school of the state of the school of the | City State ZIP Code | City State ZIP Code |
| thy you are choosing his district to file for ankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other | Check one: Over the last 180 days before filing this petition, I have lived in this district force and the last 180 days before filing this petition. |
| | district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | |
| | | |

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| Chapter 11 Chapter 12 | uescription of each, s 010)). Also, go to the | ee <i>Notice Required by 11 L</i> top of page 1 and check the | J.S.C. § 342(b) for Individuals Filing appropriate box. |
|------------------------|---|--|---|
| Chapter 7 | | , page and check file | appropriate box. |
| | | | |
| Chapter 12 | | | |
| , – | | | |
| Chapter 13 | | | |
| yourself, you may r | Jav with agab act | - y harry typically, | " you are paying the tee |
| I need to pay the fo | ae in ingtallera | 16 | |
| - | , | g i ce iii installments | (Official Form 103A). |
| pay the fee in install | ne official poverty lin | ne that applies to your far | mily size and you are unable to |
| | - Concial Fi | orn 103B) and file it with | your petition. |
| No Vac District | | | |
| 5 | | When | Case number |
| District | | When | Case number |
| District | | When | Case number |
| | hanna, ann a an ann an ann an an an an an an a | | |
| ☑No ☑Yes. | | | |
| | | Relatio | nahir 4. |
| | | When C | nship to you Case number, if known |
| | | | |
| | | | hip to you |
| No. Go to line 12 | Same and the same | Ca | se number, if known |
| | otained an outsite :: | , | |
| residence? | stamed air eviction jud | dgment against you and do | you want to stay in your |
| | submitting your pay with a pre-printed a lineed to pay the fe Application for Individual line and the Application for Individual less that 150% of the pay the fee in install Chapter 7 Filing Fee No Pistrict District No Yes. No Go to line 12. | yourseir, you may pay with cash, cash submitting your payment on your beha with a pre-printed address. I need to pay the fee in installments. Application for Individuals to Pay The Fee In I request that my fee be waived (You By law, a judge may, but is not required less than 150% of the official poverty lir pay the fee in installments). If you choo Chapter 7 Filling Fee Waived (Official Fee Waived). No Yes. District District District No Yes. | Yes. District |

| Are you a sole proprieto of any full- or part-time business? | | o. Go to Part 4. es. Name and location of business | | |
|--|-------------|---|--|--|
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as | | Name of business, if any | | |
| a corporation, partnership, or LLC. | | Number Street | | |
| If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | | - 1_ 1_ 1_ 1_ 1_ 1_ 1_ 1_ 1_ 1_ 1_ 1_ 1_ | |
| , | | City | State | ZIP Code |
| | | Check the appropriate box to describe your busines | ss: | |
| | | Health Care Business (as defined in 11 U.S.C. | § 101(27A)) | |
| | | ☐ Single Asset Real Estate (as defined in 11 U.S. | C. § 101(51B)) | |
| | | Stockbroker (as defined in 11 U.S.C. § 101(53A |)) | |
| | | Commodity Broker (as defined in 11 U.S.C. § 10 |)1(6)) | |
| and white a second seco | | None of the above | | |
| Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see | any of the | appropriate deadlines. If you indicate that you are a scent balance sheet, statement of operations, cash-flowness documents do not exist, follow the procedure in I am not filing under Chapter 11. | w statement, a 11 U.S.C. § 11 | nd federal income tax return or if 16(1)(B). |
| 11 U.S.C. § 101(51D), | | I am filing under Chapter 11, but I am NOT a small be the Bankruptcy Code. | | |
| | ⊥l Yes. | I am filing under Chapter 11 and I am a small busines Bankruptcy Code. | ss debtor acco | rding to the definition in the |
| art 4: Report if You Own o | · Have / | Any Hazardous Property or Any Property Th | at Needs Im | mediato Attantia |
| Do you own or have any | ✓ No | | | mediate Attention |
| property that poses or is | | What is the hazard? | | |
| aneged to pose a intest | | mat of the mazary? | | |
| alleged to pose a threat of imminent and identifiable hazard to | | | | |
| of imminent and identifiable hazard to public health or safety? | | | | |
| of imminent and identifiable hazard to public health or safety? Or do you own any property that needs | | | | |
| of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | |
| of imminent and identifiable hazard to public health or safety? Or do you own any property that needs | | If immediate attention is needed, why is it needed? | | |

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| ** | | | · . | | | |
|-------|-----|-----|-----|---|----|--|
| About | Deb | tor | া | • | ١, | |

You must check one: ✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, but I do not have a certificate of completion. Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of: Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. __ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of: Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so Active duty. I am currently on active military duty in a military combat zone. If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

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| 16. What kind of debts do you have? | 16a. Are your debts pi as "incurred by an inc No. Go to line 16t Yes. Go to line 17 | D. | ner debts are defined in 11 U.S.C. § 101(8) or household purpose." |
|---|--|--|--|
| | 16b. Are your debts primoney for a business No. Go to line 16c Yes. Go to line 17 | | debts are debts that you incurred to obtain of the business or investment. |
| William | 16c. State the type of debts | s you owe that are not consumer debts o | or business debts. |
| 17. Are you filing under Chapter 7? | No. I am not filing unde | Chanter 7 Co to line 40 | CONTRACTOR AND SERVICE CONTRACTOR AND CONTRACTOR AN |
| Do you estimate that aft any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | er Yes. I am filing under Chadministrative expe | napter 7. Do you estimate that after any enses are paid that funds will be available | exempt property is excluded and le to distribute to unsecured creditors? |
| 18. How many creditors do you estimate that you owe? | 1-49 50-99 100-199 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 9. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| How much do you estimate your liabilities to be? | \$0.\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion |
| art 7: Sign Below | 7 | \$100,000,001-\$500 million | More than \$50 billion |
| or you | I have examined this petition, a correct. | and I declare under penalty of perjury th | at the information provided is true and |
| | If I have chosen to file under Cl of title 11, United States Code. under Chapter 7. | hapter 7, I am aware that I may proceed I understand the relief available under e | f, if eligible, under Chapter 7, 11,12, or 13 each chapter, and I choose to proceed |
| | If no attorney represents me an | d I did not pay or agree to pay someone and read the notice required by 11 U.S. | |
| | I request relief in accordance wi | th the chapter of title 11. United States | Code |
| | I understand making a false stat with a bankruptcy case can result 18 U.S.C. §§ 152, 1341, 1519, a | It in fines we to the property, or obtaining | Code, specified in this petition. g money or property by fraud in connection ent for up to 20 years, or both. |
| | 🗶 /s/ Teresa A Zupec | lusa Apple x 151 | |
| | Signature of Debtor 1 | | e of Debtor 2 |
| | Executed on06/18/2016 | Evocata | |
| 。 1986年 - 1985年 - | MV DD /Y | YYY | MM / DD /YYYY |

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| ★ /s/ david aschinberg | Date | 06/18/2016 |
|----------------------------------|---------------|-------------------------|
| Signature of Attorney for Debtor | Date | MM / DD /YYYY |
| david aschinberg | | |
| Printed name | | |
| Aschinberg Law | | |
| Firm name | 7-1 | |
| 1945 S. Halsted Street | | |
| Number Street | | |
| Suite 305 | | |
| Chicago | | 60608 |
| City | State | ZIP Code |
| Contact phone (312) 526-3924 | Email address | aschinberglaw@gmail.cor |
| 6276350 | IL | |
| Bar number | State | |

Case 16-20638 Doc 1 Filed 06/24/16 Entered 06/24/16 14:32:53 Desc Main Page 8 of 55 Fill in this information to identify your case: cument Teresa A Zupec Debtor 1 First Name Debtor 2 (Spouse, if filling) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct 12/15 information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets 1. Schedule A/B: Property (Official Form 106A/B) Value of what you own 1a. Copy line 55, Total real estate, from Schedule A/B..... 0.00 1b. Copy line 62, Total personal property, from Schedule A/B..... 140,336.00 1c. Copy line 63, Total of all property on *Schedule A/B* 140,336.00 Summarize Your Liabilities Your liabilities 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Amount you owe 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D............. 6,327.45 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 1,800.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 33,940.90

Part 3:

Summarize Your Income and Expenses

Copy your combined monthly income from line 12 of Schedule I.....

Copy your monthly expenses from line 22c of Schedule J....

4. Schedule I: Your Income (Official Form 106I)

5. Schedule J: Your Expenses (Official Form 106J)

Your total liabilities

42,068.35

5,387.36

4,616.00

| | 06/24/16 14:32:53 Desc Main f 55 _{Case number (d known)} |
|---|--|
| Part 4: Answer These Questions for Administrative and Statistical Re | Cords |
| Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit Yes | |
| 7. What kind of debt do you have? | Phonodishara, samu da if fare and a phonodishara fare and |
| Your debts are primarily community | by an individual pairs with r |
| family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical Your debts are not primarily consumer debts. You have nothing to report on this form to the court with your other schedules. | purposes. 28 U.S.C. § 159. s part of the form. Check this box and submit |
| 8. From the Statement of Your Current Monthly Income: Copy your total current month Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | hly income from Official \$8,333.34 |
| Copy the following special categories of claims from Part 4, line 6 of Schedule E/F | |
| From Part 4 on <i>Schedule E/F</i> , copy the following: | Total claim |
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 1,800.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 |

0.00

0.00

0.00

1,800.00

9d. Student loans. (Copy line 6f.)

9g. Total. Add lines 9a through 9f.

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

| Fill in this information to identify your case | and this filing: of 55 | 14:32:53 D | |
|--|--|---|--|
| Debtor 1 Teresa A Zupec | | | |
| First Name Middle Nam | e Last Name | | |
| Debtor 2 Spouse, If filing) First Name Middle New York | | | |
| ANGKUR MELIN | casi name | | |
| nited States Bankruptcy Court for the: Northern Distr | ict of Illinois | | |
| ase number | | | |
| | | | ☐ Check if this is a |
| Official C | | | amended filing |
| Official Form 106A/B | | | The state of the s |
| Schedule A/B: Prope | artv | | |
| | | | 12/15 |
| rite your name and case number (if known). | e items. List an asset only once. If an asset fits in momplete and accurate as possible. If two married pend if the more space is needed, attach a separate sheet the Answer every question. | to this form. On the | erner, both are equally top of any additional pages |
| it 1: Describe Each Residence, Build | ding, Land, or Other Real Estate You Own or | 11 | |
| Do you own or have any legal or equitable : | ntorest in an arrangement of the contract in an arrangement of the contract in an arrangement of the contract in a | mave an Interest | <u>In</u> |
| No. Go to Part 2. | nterest in any residence, building, land, or similar p | roperty? | |
| Yes. Where is the property? | | | |
| , -p.s.y. | What is the property of | | |
| 1.1. | What is the property? Check all that apply. Single-family home | DO NOT deduct se | cured claims or exemptions. Put |
| Street address, if available, or other description | Duplex or multi-unit building | | |
| available, or other description | Condominium or cooperative | | we Claims Secured by Property. |
| | Cooperative | Current value | of the Comment |
| | Manufactured or mobile home | ontine ii | |
| | Manufactured or mobile home | entire property | ? current value of th portion you own? |
| | ·· | entire property | |
| City State ZIP Co | Land Investment property Dide Timeshare | s Describe the n | portion you own? \$ |
| City State ZIP Co | Land Investment property | \$ Describe the ninterest (such a | portion you own? \$ature of your ownership |
| City State ZIP Co | Land Investment property Timeshare Other | s Describe the ninterest (such a | portion you own? |
| , State ZIP Co | Land Investment property Timeshare Other Who has an interest in the property? Check on | s Describe the ninterest (such a | portion you own? \$ature of your ownership |
| City State ZIP Co | Land Investment property Timeshare Other Who has an interest in the property? Check on | s Describe the ninterest (such a | y? portion you own? \$ature of your ownership |
| State ZIP Co | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Describe the ni interest (such a the entireties, o | portion you own? \$ ature of your ownership as fee simple, tenancy by or a life estate), if known. |
| , State ZIP Co | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Describe the ni interest (such a the entireties, of the continuous). Check if this (see instruction) | portion you own? sture of your ownership as fee simple, tenancy by or a life estate), if known. |
| County | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Describe the ni interest (such a the entireties, of the continue). Check if this (see instruction) | portion you own? sture of your ownership as fee simple, tenancy by or a life estate), if known. |
| County | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: | Describe the ni interest (such a the entireties, of the continue). Check if this (see instruction) | portion you own? sture of your ownership as fee simple, tenancy by or a life estate), if known. |
| County Ou own or have more than one, list here: | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply | Describe the nainterest (such a the entireties, of the contraction). Check if this (see instruction) item, such as local | y? portion you own? \$ ature of your ownership as fee simple, tenancy by or a life estate), if known. is is community property ons) |
| County Ou own or have more than one, list here: | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Describe the national interest (such a the entireties, of the entireties | portion you own? \$ ature of your ownership as fee simple, tenancy by or a life estate), if known. s is community property ons) |
| County Ou own or have more than one, list here: | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative | Describe the ni interest (such a the entireties, of | portion you own? \$ ature of your ownership as fee simple, tenancy by or a life estate), if known. is is community property ons) red claims or exemptions. Put ecured claims on Schedule D: e Claims Secured by Property. |
| County Ou own or have more than one, list here: | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Describe the ni interest (such a the entireties, of | portion you own? sature of your ownership as fee simple, tenancy by or a life estate), if known. is is community property ons) red claims or exemptions. Put ecured claims on Schedule D. Claims Secured by Property. |
| County Ou own or have more than one, list here: | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Describe the ni interest (such a the entireties, of | portion you own? \$ ature of your ownership as fee simple, tenancy by or a life estate), if known. is is community property ons) red claims or exemptions. Put ecured claims on Schedule D. e Claims Secured by Property. |
| County County Ou own or have more than one, list here: Street address, if available, or other description | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | Describe the national interest (such a the entireties, of the entireti | portion you own? sature of your ownership as fee simple, tenancy by or a life estate), if known. s is community property ons) red claims or exemptions. Put ecured claims on Schedule D. or Claims Secured by Property. the Current value of the portion you own? |
| County Ou own or have more than one, list here: | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | Describe the native property \$ Describe the native property the entireties, of the entir | portion you own? sature of your ownership as fee simple, tenancy by or a life estate), if known. s is community property ons) red claims or exemptions. Put ecured claims on Schedule D. Claims Secured by Property. the Current value of the portion you own? |
| County County Ou own or have more than one, list here: Street address, if available, or other description | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Describe the natinterest (such a the entireties, of | portion you own? stature of your ownership as fee simple, tenancy by or a life estate), if known. stis community property ons) red claims or exemptions. Put ecured claims on Schedule D. o Claims Secured by Property. the Current value of the portion you own? state of your ownership fee simple topograph. |
| County County Ou own or have more than one, list here: Street address, if available, or other description | Land Investment property Timeshare Other Who has an interest in the property? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. | Describe the natinterest (such a the entireties, of | portion you own? sature of your ownership as fee simple, tenancy by or a life estate), if known. s is community property ons) red claims or exemptions. Put ecured claims on Schedule D. o Claims Secured by Property. the Current value of the portion you own? |
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| Street address, if available, or other descript | The state of the particular of the state of the sta | and amount of any s | red claims or exemptions. Put ecured claims on <i>Schedule D</i> o Claims Secured by Property. |
|---|--|---|--|
| | Condominium or cooperative Manufactured or mobile home Land Investment property | Current value of entire property? | the Current value of the portion you own? |
| City State ZIP | Code | the entireties, or | ure of your ownership fee simple, tenancy by a life estate), if known. |
| County | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this property identification number: | Check if this is (see instruction | s community property s) |
| Add the dollar value of the portion you own to you have attached for Part 1. Write that num. | or all of your entries from Part 1, including any entri | es for pages | \$ 0.00 |
| | erest in any vehicles, whether they are registered or hicle, also report it on Schedule G: Executory Contracts | not? Include any vehicl and Unexpired Leases. | es |
| o you own, lease, or have legal or equitable into own that someone else drives. If you lease a ve Cars, vans, trucks, tractors, sport utility vehic | a. Executory Contracts | not? Include any vehicl and Unexpired Leases. | es |
| Cars, vans, trucks, tractors, sport utility vehice No Yes 3.1. Make: Infiniti Model: G37X Year: 2009 Approximate mileage: 65000 | a. Executory Contracts | Do not deduct secured control amount of any secure Creditors Who Have Clair | lains or exemptions. Put |
| you own, lease, or have legal or equitable into a own that someone else drives. If you lease a ve Cars, vans, trucks, tractors, sport utility vehice No Yes 3.1. Make: Infiniti Model: G37X Year: 2009 | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured cithe amount of any secure Creditors Who Have Clair | laims or exemptions. Put ed claims on Schedule D: ms Secured by Property. Current value of the |
| Cars, vans, trucks, tractors, sport utility vehice No Yes 3.1. Make: Infiniti Model: G37X Year: 2009 Approximate mileage: 65000 Other information: Condition: Good | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured conthe amount of any secure Creditors Who Have Clair Current value of the entire property? | laims or exemptions. Put ad claims on Schedule Doi as Secured by Property. Current value of the portion you own? |
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| Make:Model:Year: | | Do not ded | ANAMANA (Mengana) |
|--|---|--|---|
| | Debtor 1 only | | u claims or exemptions. |
| r Cai . | Debtor 2 only | | o claims of exemptions. Cured claims on <i>Schedul</i> Claims Secured by Prope |
| Approximate mileage: | Debtor 1 and Debtor 2 only | | he Current value o |
| Other information: | At least one of the debtors and another | entire property? | portion you ow |
| | Check if this is community property (see instructions) | \$ | \$ |
| Make: | | talisti siira seed at a seede oo aa a | terativa cara de la c |
| Model: | Debtor 1 only | | claims or exemptions. F |
| Year: | Debtor 2 only | the amount of any sect Creditors Who Have Cl | |
| Approximate mileage: | | Current value of the | and a second responsibility for |
| Other information: | At least one of the debtors and another | entire property? | e Current value of portion you owr |
| | Check if this is community property (see instructions) | \$ | \$ |
| No Yes | , ATVs and other recreational vehicles, other vehicles, and accessors and watercraft, fishing vessels, snowmobiles, motorcycle accessors. | ries | |
| Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Sories ries Do not deduct secured cla the amount of any secure Creditors Who Have Clair | aims or exemptions. Pu |
| No Yes Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured cla | aims or exemptions. Pul d claims on Schedule E ms Secured by Property Current value of t |
| No Yes Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cle the amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions, Put d claims on Schedule E ms Secured by Property Current value of the portion you own? |
| Make: Model: Year: Other information: Own or have more than one, list | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put d claims on Schedule E ns Secured by Property Current value of ti portion you own? |
| Make: Model: Year: Other information: own or have more than one, list Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) here: Who has an interest in the property? Check one. | Do not deduct secured clair the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clair | aims or exemptions. Put d claims on Schedule E ns Secured by Property Current value of tt portion you own? |
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| Make: Model: Year: Other information: own or have more than one, list Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) There: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured claims who have Claims Current value of the entire property? Do not deduct secured claims the amount of any secured Creditors Who Have Claims Current value of the Creditors Who Have Claims Current value of the | aims or exemptions. Put d claims on Schedule E ms Secured by Property Current value of the portion you own? \$ |

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Part 3:

Describe Your Personal and Household Items

| | y legal or equitable interest in any of the following items? | Current value of the portion you own? |
|---------------------------------------|--|--|
| Household goods ar | nd furnishings | Do not deduct secured claim or exemptions. |
| Examples: Major appl | iances, furniture, linens, china, kitchenware | |
| ₩ 1/1/0 | Common nousehold | |
| Yes. Describe | | |
| 7. Electronics | | \$_750.00 |
| | | |
| collections | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games | |
| □ No | electronic devices including cell phones, cameras, media players, games Desk top computers, 2 televisions, cell phone, stereo | |
| Yes. Describe | phone, stereo | The second of th |
| | | _{\$} 750.00 |
| 8. Collectibles of value | | D |
| Examples: Antiques an | d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections momentality. | Polinadorda |
| stamp, coin, | or baseball card collections; other collections, memorabilia, collectibles | |
| Yes. Describe | CONCUERCES | Burtons (f whose of a state) (comp |
| . 5. 5 5551DC, | | _{\$} 0.00 |
| 9. Equipment for sports a | Bid hophiae | \$ |
| Examples: Sports, phote | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | . « |
| □ No | Elliptical | |
| Yes. Describe | The state of the s | Company of the Compan |
| | | _e 350.00 |
| 0. Firearms | | 4 |
| 10 | shotguns, ammunition, and related equipment | |
| Yes. Describe | | Monay |
| | The same of the sa | _{\$} 0.00 |
| Clothes | The first of the f | |
| Examples: Everyday cloth | nes, furs, leather coats, designer wear, shoes, accessories | |
| Yes. Describe | Clothing Clothing | Macong Hamiltonian (Aug. |
| Tos. Describe | | \$ 800.00 |
| • | | \$ |
| Jewelry | | ACA I discussion |
| Examples: Everyday jewel gold, silver | ry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | · · · · · · · · · · · · · · · · · · · |
| LJ No | ewelry | |
| Yes. Describe | | 4.0 |
| Non-farm animals | | \$ 1,250.00 |
| Examples: Dogs, cats, bird | S. horses | |
| □ No | | |
| | Cats | |
| ing mag | | _{\$} 50.00 |
| any other personal and he | Dusehold items you did not already the | · · · · · · · · · · · · · · · · · · · |
| ☑ No | ousehold items you did not already list, including any health aids you did not list | |
| Yes. Give specific | and the Whole the second the seco | • • • • • • • • • • • • • • • • • • • |
| information | | 0.00 |
| | Winds and a superior of the property of the superior of the su | \$ 0.00 |
| .dd the dellar | The state of the s | Ψ |
| - and aquial value of all | of your entries from Part 3, including any entries for pages you have attached er here | \$ 3,950.00 |

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Part 4:

Describe Your Financial Assets

| | e any legal or equitable interest | | Current value of the portion you own? |
|--|--|--|---|
| 16. Cash | The state of the s | | Do not deduct secured clain or exemptions. |
| Examples: Money | you have in your wallet, in your h | ome, in a safe deposit box, and on hand when you file your petition | |
| | | | |
| Yes | | Cash: | |
| | | Cash: | \$_20.00 |
| 7. Deposits of mone | v | | |
| Examples: Checking and other No | ng, savings, or other financial acco er similar institutions. If you have r | nunts; certificates of deposit; shares in credit unions, brokerage houses, multiple accounts with the same institution, list each. | |
| Yes | , | Institution name: | |
| | 17.1. Checking account: | Chase | |
| | 17.2. Checking account: | | <u>\$-135.00</u> |
| | 17.3. Savings account: | | \$ |
| | 17.4. Savings account: | | \$ |
| | | | |
| | 17.5. Certificates of deposit: | | |
| | 17.6. Other financial account: | | \$ |
| | 17.7. Other financial account: | | \$ |
| | 17.8. Other financial account: | | \$ |
| | 17.9. Other financial account: | | \$ |
| | | | \$ |
| No | , or publicly traded stocks , investment accounts with brokers Institution or issuer name: | age firms, money market accounts | |
|] Yes | | | |
|] Yes | | \$ \$ | |
|] Yes | | \$ \$ | 4/1 |
| n-publicly traded st | ock and interests in incorporate nd joint venture | | |
| n-publicly traded st LLC, partnership, a No Yes. Give specific | ock and interests in incorporate nd joint venture Name of entity: | \$ st and unincorporated businesses, including an interest in | 4/1-4/1-4/1-4/1-4/1-4/1-4/1-4/1-4/1-4/1- |
| n-publicly traded st LLC, partnership, a No Yes. Give specific information about | ock and interests in incorporate nd joint venture Name of entity: | \$ st and unincorporated businesses, including an interest in % of ownership: | |
| n-publicly traded st LLC, partnership, a No Yes. Give specific | ock and interests in incorporate nd joint venture Name of entity: | st and unincorporated businesses, including an interest in % of ownership:% \$ | 41 |

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| INSTIUI | s include personal che | ther negotiable and non-negotiable instruments ecks, cashiers' checks, promissory notes, and money orders. annot transfer to someone by signing or delice. | |
|--|--|--|------------------------------|
| | ments are those you c | ecks, cashiers' checks, promissory notes, and money orders. annot transfer to someone by signing or delivering them. | |
| No No | | • | |
| Yes. Give specific information about them | Issuer name: | | |
| | | | \$ |
| | | | \$ |
| Pating | | | - \$ <u> </u> |
| Retirement or pension Examples: Interests in t | RA EDICA K L . | | |
| □No | rizi, Eriioa, Keogn, 4 | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plar | 78 |
| Yes. List each | | | |
| account separately. | Type of account: | Institution name: | |
| | 401(k) or similar plan: | 401K | |
| | Pension plan: | 7011(| _{\$} 750.00 |
| | IRA; | | \$ |
| | Retirement account: | | \$ |
| | Keogh: | | \$ |
| | | | \$ |
| | Additional account: | | |
| | Additional account: | | \$ |
| curity deposits and pr ur share of all unused d amples: Agreements wit | enocito vou barra | | \$ |
| ur share of all unused d amples: Agreements wit apanies, or others | enocito vou barra | de so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications | \$ |
| ur share of all unused d amples: Agreements wit apanies, or others No | leposits you have mad th landlords, prepaid r | de so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications | \$ |
| ur share of all unused d amples: Agreements wit apanies, or others No Yes | leposits you have mad th landlords, prepaid r | | \$ |
| ar share of all unused demples: Agreements with apparies, or others No Yes | leposits you have mad th landlords, prepaid r Institu | de so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications | ¢ |
| ar share of all unused demples: Agreements with apanies, or others No YesE | leposits you have mad th landlords, prepaid r Institu lectric: as: | de so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications | \$ |
| ar share of all unused demples: Agreements with appanies, or others No Yes | leposits you have mad th landlords, prepaid r Institu lectric: | de so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications | ¢ |
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| r share of all unused damples: Agreements with a panies, or others No Yes G He Re | leposits you have mad th landlords, prepaid r Institu lectric: as: eating oil. ental unit: | de so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ \$\$ |
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| r share of all unused demples: Agreements with a panies, or others No Yes G He Re Pri Te Wa | leposits you have mad th landlords, prepaid r Institu lectric: as: eating oil. ental unit: lephone: ater: Institution of the series of the se | de so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ \$\$ |
| er share of all unused demples: Agreements with apanies, or others No Yes For the Reference of the R | leposits you have mad th landlords, prepaid r Institu lectric: as: eating oil. ental unit: epaid rent: elephone: ater: inted furniture: her: | de so that you may continue service or use from a company sent, public utilities (electric, gas, water), telecommunications ution name or individual: | \$\$ \$\$ \$\$ \$\$ |
| er share of all unused demples: Agreements with apparies, or others No Yes For the Reference of the | leposits you have mad th landlords, prepaid r Institu lectric: as: eating oil. ental unit: epaid rent: elephone: ater: inted furniture: her: | de so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications | \$\$ \$\$ \$\$ \$\$ |
| ar share of all unused deamples: Agreements with apparies, or others No Yes | leposits you have mad th landlords, prepaid r Institute lectric: as: eating oil. ental unit: epaid rent: elephone: aler: nted furniture: erriodic payment of mo | de so that you may continue service or use from a company sent, public utilities (electric, gas, water), telecommunications ution name or individual: | \$\$ \$\$ \$\$ \$\$ |
| ar share of all unused deamples: Agreements with apparies, or others No Yes | leposits you have mad th landlords, prepaid r Institu lectric: as: eating oil. ental unit: epaid rent: elephone: ater: inted furniture: her: | de so that you may continue service or use from a company sent, public utilities (electric, gas, water), telecommunications ution name or individual: | \$\$ \$\$ \$\$ \$\$ |
| ar share of all unused deamples: Agreements with apparies, or others No Yes | leposits you have mad th landlords, prepaid r Institute lectric: as: eating oil. ental unit: epaid rent: elephone: aler: nted furniture: erriodic payment of mo | de so that you may continue service or use from a company sent, public utilities (electric, gas, water), telecommunications ution name or individual: | \$\$ \$\$ \$\$ \$\$ |

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| Institution name and description of | | |
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| and description. S | eparately file the records of any interests.11 U.S | S.C. § 521(c) |
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| ther s | Federal: State: | |
| Q | | \$ <u>0.00</u> |
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| 8 | State: Local: | \$ 0.00 \$ 0.00 \$ 0.00 |
| 8 | State: Local: | \$ 0.00 \$ 0.00 \$ 0.00 |
| mony, spousal support, child suppo | State: | \$ 0.00 \$ 0.00 \$ 0.00 |
| 8 | State: Local: rt, maintenance, divorce settlement, property se | \$ 0.00 \$ 0.00 \$ 0.00 |
| mony, spousal support, child suppo | State: Local: rt, maintenance, divorce settlement, property si | \$\frac{0.00}{0.00}\$ \$\frac{0.00}{0.00}\$ ettlement \$\frac{0.00}{0.00}\$ |
| mony, spousal support, child suppo | State: Local: rt, maintenance, divorce settlement, property se Alimony: Maintenance: | \$ 0.00 \$ 0.00 \$ 0.00 ettlement \$ 0.00 \$ 0.00 |
| mony, spousal support, child suppo | State: Local: rt, maintenance, divorce settlement, property se Alimony: Maintenance: Support: | \$ 0.00 \$ 0.00 \$ 0.00 ettlement \$ 0.00 \$ 0.00 \$ 0.00 |
| mony, spousal support, child suppo | State: Local: rt, maintenance, divorce settlement, property si Alimony: Maintenance: Support: Divorce settleme | \$ 0.00 \$ 0.00 \$ 0.00 ettlement \$ 0.00 \$ 0.00 \$ 0.00 |
| mony, spousal support, child suppo | State: Local: rt, maintenance, divorce settlement, property settlement, | \$ 0.00 \$ 0.00 \$ 0.00 ettlement \$ 0.00 \$ 0.00 \$ 0.00 ont: \$ 0.00 |
| mony, spousal support, child suppo | State: Local: rt, maintenance, divorce settlement, property settlement, | \$ 0.00 \$ 0.00 \$ 0.00 ettlement \$ 0.00 \$ 0.00 \$ 0.00 ont: \$ 0.00 |
| mony, spousal support, child suppo | State: Local: rt, maintenance, divorce settlement, property settlement, | \$ 0.00 \$ 0.00 \$ 0.00 ettlement \$ 0.00 \$ 0.00 \$ 0.00 ont: \$ 0.00 |
| mony, spousal support, child suppo | State: Local: rt, maintenance, divorce settlement, property settlement, | \$ 0.00 \$ 0.00 \$ 0.00 ettlement \$ 0.00 \$ 0.00 \$ 0.00 ont: \$ 0.00 |
| | ests in property (other than anylos, trade secrets, and other intelles, websites, proceeds from royalties general intangibles sive licenses, cooperative associations | rests in property (other than anything listed in line 1), and rights or powers as, trade secrets, and other intellectual property as, websites, proceeds from royalties and licensing agreements general intangibles are licenses, cooperative association holdings, liquor licenses, professional licenses |

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| Examples: Health, disability, or life insura | nce; health savings account (HSA); credit, homeowr | 205 | |
|--|--|--|--|
| ∐ No | the terror of th | ier's, or renter's insurance | |
| Yes. Name the insurance company of each policy and list its value | | Beneficiary: | Surranda |
| Term | Life Insurance | • | Surrender or refund valu |
| | | Kris Sedej, Cristy Campbell | \$ 125,000.00 |
| | | | \$ |
| 32. Any interest in property that is due you lif you are the beneficiary of a light to the | | | \$ |
| property becomes | (pect proceeds from a life incurance and | urrently entitled to receive | |
| 1¥0 N0 | me insulative policy, or are ci | and an extension of the control of t | nt v nem i |
| Yes. Give specific information | | | |
| | | | 0.00 |
| 33. Claims against third parties, whether or | | | \$0.00 |
| Examples: Accidents, employment disputes | not you have filed a lawsuit or made a demand fo | r payment | *************************************** |
| ☑ No | mediance claims, or rights to sue | | |
| Yes. Describe each claim. | | and the transfer and the same transfer and t | *************************************** |
| | | | |
| 4 Other contingent and unliquidated claims | of every nature, including counterclaims of the | No. of the Samuel Control of the Con | \$ 0.00 |
| io set oπ claims ✓ No | or overy mature, including counterclaims of the | debtor and rights | n pagaga |
| | . And the second state of the second state of the second s | the contract of the contract o | |
| Yes. Describe each claim | | and a second sec | Table |
| | | | _{\$} 0.00 |
| L. | The stage of the s | | 3 |
| 5. Any financial assets you did not already lis | The second of the second secon | is an entrover of the entropy of the | |
| ₩ No | | | |
| Yes. Give specific information | - Court in the specific property of the specif | en er i granner i ny antagania en angan en angan en angan angan angan angan galan an angan an angan an angan a | |
| | | | s 0.00 |
| Add the dollar union and | | | \$0.00 |
| for Part 4. Write that number have | om Part 4, including any entries for pages you h | | |
| bernat number nere | om Part 4, including any entries for pages you h | ave attached | \$ 125,635.00 |
| | | 7 | \$ 120,033.00 |
| | | | |
| rt 5: Describe Any Business-Rel | ated Property V. | | |
| | ated Property You Own or Have an Int | erest In. List any re | al estate in Double |
| | terest in any business-related property? | | Totale in Fall 1. |
| | property? | | |
| | | | |
| Yes. Go to line 38. | | | |
| Yes. Go to line 38. | | | |
| Yes. Go to line 38. | | ; C | urrent value of the |
| Yes. Go to line 38. | | C P | urrent value of the ortion you own? |
| | | Ç P Dı | urrent value of the ortion you own? |
| ccounts receivable or commissions you air | eady earned | Ç P Dı | urrent value of the ortion you own? |
| .ccounts receivable or commissions you aln | eady earned | Ç P Dı | urrent value of the ortion you own? |
| ccounts receivable or commissions you alm ☑ No ☑ Yes. Describe | | | urrent value of the ortion you own? |
| occounts receivable or commissions you alm ☑ No ☑ Yes. Describe | | | urrent value of the ortion you own? In not deduct secured claims exemptions. |
| Accounts receivable or commissions you alm ☐ No ☐ Yes. Describe | | Di or | urrent value of the ortion you own? |
| Accounts receivable or commissions you alm ☐ No ☐ Yes. Describe | | Di or | urrent value of the ortion you own? In not deduct secured claims exemptions. |
| Accounts receivable or commissions you alm No Yes. Describe Iffice equipment, furnishings, and supplies wamples: Business-related computers, software, mode | | Di or | urrent value of the ortion you own? In not deduct secured claims exemptions. |
| Accounts receivable or commissions you alm ☐ No ☐ Yes. Describe | | S, chairs, electronic devices | urrent value of the ortion you own? In not deduct secured claims exemptions. |

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| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trad | de | |
|--|--|--------------------------------------|
| Yes, Describe | | |
| | | \$ 0.00 |
| 41. Inventory | termina de de mais de la legar especialiste e que mais de la compansión de la compansión de la definition de d | \$ 0.00 |
| ☑ No | | |
| Yes. Describe | والمعارض | eminorate s |
| And bear and the second of the | | \$ 0.00 |
| 42. Interests in partnerships or joint ventures | and the second state of the second | |
| ₩ No | | |
| Yes. Describe Name of entity: | | |
| | % of ownership: | |
| | % | \$ |
| | | \$ |
| 40.0 | % | \$ |
| 43. Customer lists, mailing lists, or other compilations | | |
| Final 190 | | |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C | 2. § 101(41A))? | |
| Yes. Describe | | |
| | | P5 115 |
| 14. Any business-related property you did not always to | | \$0.00 |
| 44. Any business-related property you did not already list | т от сторо и от протости от протости от п | ! |
| ☐ Yes. Give specific | | |
| information | | |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | • |
| Add the dollar value of the a | | \$ |
| The area design value of all of value and the area. | | 9 |
| for Part 5. Write that number here | u nave attached | \$ <u>0.00</u> |
| | | |
| Describe Any Farm- and Commercial Fishing-Related Property You Ow If you own or have an interest in farmland, list it in Part 1. | n or Have an Interest In. | |
| Do you own or have any legal or equitable interest in any farm- or commercial fishing-related No. Go to Part 7. Yes. Go to line 47. | ted property? | |
| | | |
| | | |
| | p C | current value of the ortion you own? |
| Farm animals | P D | ortion you own? |
| Farm animals Examples: Livestock, poultry, farm-raised fish | P D | urrent value of the ortion you own? |
| Farm animals Examples: Livestock, poultry, farm-raised fish No | P D | ortion you own? |
| Farm animals Examples: Livestock, poultry, farm-raised fish ☑ No | P D | ortion you own? |
| Farm animals Examples: Livestock, poultry, farm-raised fish ☑ No ☑ Yes | P D | ortion you own? |

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| 48. Crops—either growing or harvested No | | |
|--|--|--|
| | | |
| Yes. Give specific information. | | endinent version of the second |
| <u> </u> | | _{\$} 0.00 |
| 49. Farm and fishing equipment, implements, machinery, | , fixtures, and tools of trade | Ψ |
| | والمراجع المراجع ا | |
| | | Andrews and Andrews Andrews and Security |
| 50. Farm and fishing supplies, chemicals, and feed | | _{\$} 0.00 |
| No | | |
| Yes | | |
| | | M P3 Round(s, 10 rous) |
| 51 Any farm- and commercial fishing-related property you | | \$0.00 |
| | | |
| Yes. Give specific information. | | |
| to the reference for a contract of the contract of the reference of the restriction of the contract of the con | | \$ |
| The state of the s | | |
| for Part 6. Write that number here | pages you have attached | \$ 0.00 |
| No. 200 de la constitución de la | | |
| Part 7: Describe All Property You Own or He | nun n. 1. 1 | |
| | ave an Interest in That You Did Not List Abo | ve |
| 53. Do you have other property of any kind you did not alre Examples: Season tickets, country club membership | eady list? | |
| No No | | |
| Yes. Give specific | | |
| information | | |
| | | |
| | | |
| | | |
| | | \$ 0.00 |
| | | \$_0.00 |
| 54. Add the dollar value of all of your entries from Part 7. Wr | rite that number here | <u>\$_0.00</u> |
| 54. Add the dollar value of all of your entries from Part 7. Wr Part 8: List the Totals of Each Part of this Fo | rite that number here | \$ 0.00 |
| 54. Add the dollar value of all of your entries from Part 7. Wr Part 8: List the Totals of Each Part of this Fo | orm | |
| 54. Add the dollar value of all of your entries from Part 7. Wr Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2. | orm | \$_0.00 \$_0.00 |
| 54. Add the dollar value of all of your entries from Part 7. Wr Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2 | orm \$6,952.00 | |
| 54. Add the dollar value of all of your entries from Part 7. Wr Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2 | orm | |
| 54. Add the dollar value of all of your entries from Part 7. Wr Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2 | orm \$6,952.00 | |
| 54. Add the dollar value of all of your entries from Part 7. Wr Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2 | \$\frac{6,952.00}{\\$3,950.00} | |
| Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2 | \$\frac{6,952.00}{\\$3,950.00}\$\$\frac{125,635.00}{\\$0.00}\$\$ | |
| Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2 | \$\frac{6,952.00}{\\$3,950.00} | |
| Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2 | \$\frac{6,952.00}{\\$3,950.00}\$\$\frac{125,635.00}{\\$0.00}\$\$ | |
| Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2 | \$\frac{6,952.00}{\\$3,950.00} \\$\frac{125,635.00}{\\$0.00} \\$\frac{0.00}{\\$0.00} | |
| 54. Add the dollar value of all of your entries from Part 7. Wr Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2. | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | \$ <u>0.00</u> |
| Part 8: List the Totals of Each Part of this Formula 1: Total real estate, line 2 | \$\\\ \\$6,952.00 \\ \\$3,950.00 \\ \\$\\\ \\$0.00 \\ \\$\\\ \\$0.00 \\ \\$\\\\ \\$\\\\\\\\\\\\\\\\\\\\\\\\\ | \$ <u>0.00</u> |
| Part 8: List the Totals of Each Part of this Fo 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 | \$\\\ \\$6,952.00 \\ \\$3,950.00 \\ \\$\\\ \\$0.00 \\ \\$\\\ \\$0.00 \\ \\$\\\\ \\$\\\\\\\\\\\\\\\\\\\\\\\\\ | \$ <u>0.00</u> |

| Difficial Form 106C Schedule C: The Property You Claim as Exempt as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, are is needed, fill out and attach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write are ash file not property you claim as exempt. If more are ash file not and stach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write are ash file not property you claim as exempt. If more are ash file not not as exempt on any additional pages, write are ash file not not as exemption. Such as those for health aids, rights to receive certain benefits, and tax-exempt is the exemption to a particular dollar amount. However, if you claim an exemption of 100% of fair market value under a law that all be limited to the applicable statutory amount. Intelligence of the property of the prope | Debtor 1 Teresa A Zupec First Name Middle A | dama | | |
|--|--|--|---|---|
| Check if this is amended filing Check Common Check the Northern Dienrict of Binose Case number of States Bankingtey Court for the Northern Dienrict of Binose Case number of States Case n | Debtor 2 | vame Last Na | ame | |
| Check if this is amended filing Check of this page as many copies of Part 2: Additional Page as complete and accurate as possible. If two married people are sting together, both are equally responsible for supplying correct information, and the property you listed on Schedule Atts. Property (Official Form 106Atts) as your source, list the property that you claim as exempt. If more are and case number (if known). If an an an and case number (if known), are achitem of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a range and case number (if known), you may claim the full fair market value of the property being exempted up to the amount and the value of the property being exempted up to the amount and the value of the property being exempted up to the amount and the value of the property being exempted up to the amount and the value of the property being exempted up to the amount and the value of the property is determined to exceed that amount, your exemption to a particular amount and the value of the property is determined to exceed that amount, your exemption to be included to the applicable statutory amount. If contribute the property You Claim as Exempt Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal inchankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming state and federal inchankruptcy exemptions. 11 U.S.C. § 522(b)(3) For any property you list on Schedule A/B that you claim as exempt. Bet description of the property and ain on Schedule A/B that lists this property Count of the exemption of the property and ain on Schedule A/B. Electronics Desk top computers, \$50.00. You are claiming lederal exemptions. 11 U.S.C. § 522(b)(3) To any applicable statutory limit Provided A/B. 6. Pyour claiming a homestead exemption of more than \$160,3757 and property covered by the exemption within 1.215 days before you titled this case? | With the | Last Ma | ame | |
| Check if this is amended filing amen | Onlined States Bankruptcy Court for the: Northern Di | istrict of Illinois | | |
| Difficial Form 106C Sc hedule C: The Property You Claim as Exempt as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, as exempt, you used on. Specially 4/8: Property (Official Form 106A/8) as your source, list the property that you claim as exempt, If more are name and case number (if known). If each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way doling so is to state a name and case number (if known). If each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way doling so is to state a name and case number (if known). If each item of property you claim as exempt, you must specify the amount of the exemption of 100% of fair market value under a law that the file in the file in the property being exempted up to the amount rement funds—may be unlimited in dollar amount. However, if you claim as exemption of 100% of fair market value under a law that add be limited to the applicable statutory amount. If I dentify the Property You Claim as Exempt Which sot of exemptions are you claiming? Check one only, even if your spouse is titing with you. If You are claiming state and federal nonbank-unity exemptions. If U.S.C. § 522(b)(3) Which sot of exemptions are you claiming? Check one only, even if your spouse is titing with you. Schedule A/8 that lists this property and line on Current value of the property you claim. Schedule A/8 that lists this property profits you could be schedule as the property profits you could be a name and the value of the pro | (If known) | | 1 = 100 5 44, | - |
| Official Form 106C Schedule C: The Property You Claim as Exempt As complete and accurate as possible. If No manied people are filing together, both are equally responsible for supplying correct information are in property you listed on Schedule Atts. Property (Official Form 106A(8) as your source, list the property that you claim as exempt if more in rame and case number (if snown). The cash liter of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a part of a schedule Atts with the full fair market value of the property being exempted up to the amount rement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that all be limited to the applicable statutory amount. However, if you claim an exemption of 100% of fair market value under a law that all be limited to the applicable statutory amount. It is the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption is the exemption to a particular dollar amount. However, if you claim an exemption of 100% of fair market value under a law that all be limited to the applicable statutory amount. It is if dentity the Property You Claim as Exempt Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. If U.S.C. § 522(b)(2) You are claiming foderal exemptions. If U.S.C. § 522(b)(2) For any property you list on Schedule Att that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the property one of the property | | | | |
| As complete and accurate as possible. If two married people are filing togenher, both are equally responsible for supplying correct information and the property you listed on Schedule A/B. Property (Official Form 106A/B) as your source, list the property you claim as exempt. If more are name and case in needed, fill do and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write are name and case number (if known). Freach item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a name and case number (if known). Freach item of property bou claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a name and case number (if known). Freach item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a name and case number (if known). Freach item of property infile. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exemption are may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value of the property is determined to exceed that amount, your exemption and be limited to the applicable statutory amount. Freach item of property You Claim as Exempt Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that itsis this property. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property. For any applicable statutory limit. | Official Form 1060 | | | unicided liling |
| ing the property you listed on <i>Schedula A/B</i> : Property (Official Form 108AB) as you. Clear in equally responsible for supplying correct information are in endedd. Iffi out and attach to this page as many copies of <i>Part 2: Additional Page</i> as necessary. On the top of any additional pages, write are name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a strain applicable statutory limit. Some exemptions—such as those probable in the property being exempted up to the amount as oxempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount are ment funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that all be limited to the applicable statutory amount. If 11 Identify the Property You Claim as Exempt Which set of exemptions are you claiming? <i>Check one only, even if your spouse is filing with you.</i> If 2 You are claiming state and federal nonbankuptcy exemptions. 11 U.S.C. § 522(b)(2) Which set of exemptions are you claiming? <i>Check one only, even if your spouse is filing with you.</i> If 3 Identify the Property and line on Schedule A/B that you claim as exempt. For any property you list on Schedule A/B that you claim as exempt. For any property you list on Schedule A/B that you claim as exempt. Schedule A/B that lists this property Copy the value from Check only one box for each exemption. Schedule A/B: Electronics - Desk top computers. 2 televisions, cell phone, stereo To 35 III. Comp. Stat. 5/12-1001 (c) To 35 III. Comp. Stat. 5/12-1001 (d) To 35 III. Comp. Stat. 5/12-1001 (e) To 35 III. Comp. Stat. 5/12-1001 (| | | | |
| ing the property you listed on <i>Schedula A/B</i> : Property (Official Form 108AB) as you. Clear in equally responsible for supplying correct information are in endedd. Iffi out and attach to this page as many copies of <i>Part 2: Additional Page</i> as necessary. On the top of any additional pages, write are name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a strain applicable statutory limit. Some exemptions—such as those probable in the property being exempted up to the amount as oxempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount are ment funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that all be limited to the applicable statutory amount. If 11 Identify the Property You Claim as Exempt Which set of exemptions are you claiming? <i>Check one only, even if your spouse is filing with you.</i> If 2 You are claiming state and federal nonbankuptcy exemptions. 11 U.S.C. § 522(b)(2) Which set of exemptions are you claiming? <i>Check one only, even if your spouse is filing with you.</i> If 3 Identify the Property and line on Schedule A/B that you claim as exempt. For any property you list on Schedule A/B that you claim as exempt. For any property you list on Schedule A/B that you claim as exempt. Schedule A/B that lists this property Copy the value from Check only one box for each exemption. Schedule A/B: Electronics - Desk top computers. 2 televisions, cell phone, stereo To 35 III. Comp. Stat. 5/12-1001 (c) To 35 III. Comp. Stat. 5/12-1001 (d) To 35 III. Comp. Stat. 5/12-1001 (e) To 35 III. Comp. Stat. 5/12-1001 (| chedule C: The Pro | perty Yo | U Claim as Evom | m.l |
| ar name and case number (if known). If the property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt its the exemption to a particular dollar amount, thowever, if you claim an exemption of 100% of fair market value under a law that all be limited to the applicable statutory amount. Identify the Property You Claim as Exempt Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claim as Exempt Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemption of the property and line on Check one only, even if your spouse is filing with you. Schedule A/B that lists this property Copy the value from Check one only one box for each exemption. Check only one box for each exemption. Check only one box for each exemption. 735 III. Comp. Stat. 5/12-1001 (e) any applicabl | as complete and accurate as possible. If two | married people are su- | - Ciami as Exem | P t 4/16 |
| ar name and case number (if known). If the property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt its the exemption to a particular dollar amount, thowever, if you claim an exemption of 100% of fair market value under a law that all be limited to the applicable statutory amount. Identify the Property You Claim as Exempt Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claim as Exempt Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) Which sot of exemption of the property and line on Check one only, even if your spouse is filing with you. Schedule A/B that lists this property Copy the value from Check one only one box for each exemption. Check only one box for each exemption. Check only one box for each exemption. 735 III. Comp. Stat. 5/12-1001 (e) any applicabl | ing the property you listed on Schedule A/B: F | Property (Official Form 1 | g together, both are equally responsible in 106A/B) as your source, list the | for supplying correct information. |
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| Secretarion | You are claiming federal exemptions. 11 I | that you claim as exen Current value of the portion you own | 1 U.S.C. § 522(b)(3) npt, fill in the information below. Amount of the exemption you claim | ular allow exemption |
| description: Idescription: Idescri | You are claiming federal exemptions. 11 If For any property you list on Schedule A/B to Brief description of the property and line on Schedule A/B that lists this property | that you claim as exem Current value of the portion you own Copy the value from | 1 U.S.C. § 522(b)(3) npt, fill in the information below. Amount of the exemption you claim | ular allow exemption |
| ine from 2009 Infiniti G37X escription: \$13,101.00 | You are claiming federal exemptions. 11 If For any property you list on Schedule A/B to Brief description of the property and line on Schedule A/B that lists this property. Electronics - Desk top computers. | that you claim as exem Current value of the portion you own Copy the value from | 1 U.S.C. § 522(b)(3) npt, fill in the information below. Amount of the exemption you claim | ular allow exemption |
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| | You are claiming federal exemptions. 11 II For any property you list on Schedule A/B to Schedule A/B to Schedule A/B that lists this property Electronics - Desk top computers, 2 televisions, cell phone, stereo description: Line from Schedule A/B: 2 2009 Infiniti G37X escription: Line from Inchedule A/B: 3.1 Trief Clothing - Clothing escription: The from Inchedule A/B: 6 Le you claiming a homestead exemption of respect to adjustment on 4/01/19 and every 3 years. Did you acquire the property covered by No Yes. Did you acquire the property covered by | that you claim as exem Current value of the portion you own Copy the value from Schedule A/B \$ 750.00 \$ 13,101.00 \$ 800.00 | npt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption. □ \$ 750.00 □ 100% of fair market value, up to any applicable statutory limit □ \$ 1,200.00 □ 100% of fair market value, up to any applicable statutory limit □ \$ 800.00 □ 100% of fair market value, up to any applicable statutory limit | 735 III. Comp. Stat. 5/12-1001 (b) 735 III. Comp. Stat. 5/12-1001 (c) |
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Debtor 1

Teresa Zupec Case 46-206 Blame Doc 1 Filed 06/24/16 Entered 06/24/16 14:32:53 Desc Main Document Page 21 of 55 Fase number (if known)

Part 2:

Additional Page

| Brief description of the propert on Schedule A/B that lists this | y and line Current value of the property portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|---|--|--|
| Brief ^{Jewel} ry - Jewelry | Copy the value from Schedule A/B | Check only one box for each exemption | |
| description; | \$ ¹ ,250.00 | \$ 1,250.00 | 735 III. Comp. Stat. 5/12-1001 (b) |
| Line from Schedule A/B: 7 | | 100% of fair market value, up to | |
| Brief 401K | | any applicable statutory limit | |
| description: | \$ 750.00 | > \$ 750.00 | 735 III. Comp. Stat. 5/12-1006 |
| Line from Schedule A/B: 21 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief Term Life Insurance | • | | |
| description: | <u>\$ 125,000.00</u> | \$ 125,000.00 | 215 III. Comp. Stat. 5/238 735 III. Comp. Stat. 5/12-1001 (f) |
| Line from Schedule A/B: 31 | | 100% of fair market value, up to any applicable statutory limit | oomp. diat. 3/12-1001 (t) |
| Brief description: | \$ | П\$ | : |
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| ne from chedule A/B: | 1 a | 00% of fair market value, up to ny applicable statutory limit | |

| Debtor 1 Teresa A Zupec | | | | |
|--|--|--|---|---|
| First Name | Middle Name Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name | cast (Vali)je | | | |
| | Middle Name Last Name | | | |
| United States Bankruptcy Court for the: Nort | hern District of Illinois | | | |
| Case number (If known) | | | | |
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| ochedule D: Credit | ors Who Have Claims Secu | red by Dea | | |
| Be as complete and accurate as poss | ible. If two married people are filing together, both are copy the Additional Page, fill it out, number the entrie | red by Pro | perty | 12/15 |
| additional pages, write your name and | ible. If two married people are filing together, both are copy the Additional Page, fill it out, number the entrie I case number (if known). | equally responsible | for supplying corre | ct |
| , 500, mile your name and | case number (if known). | s, and attach it to th | is form. On the top o | fany |
| Do any creditors have claims secure | - d Y | | | , |
| No. Check this box and auto it is | ed by your property? | | | |
| Yes Fill in all at the | ed by your property? form to the court with your other schedules. You have no low. | daine et. | | |
| es. cili in all of the information be | low. | ning else to report or | this form. | |
| | | | | |
| art 1: List All Secured Claims | | | | |
| list all a | | | | |
| for each claim. If a creditor ha | is more than one secured claim, list the creditor separately or has a particular claim, list the other control of the control | Column A | Column B | |
| As much as possible for in | is more than one secured claim, list the creditor separately or has a particular claim, list the other creditors in Part 2. | Amount of claim | | Column C |
| | or has a particular claim, list the other creditors in Part 2. Iphabetical order according to the creditor's name. | Do not deduct the | Value of collateral that supports this | Unsecure |
| Malla C | The result of the creditor is name. | value of collateral. | claim | portion |
| Wells Fargo Dealer Services Creditor's Name | Describe the property that secures the claim: | | | If any |
| P.O. Box 25341 | 2009 Infiniti COZY A A COURT STORY THE CIAIM; | \$ <u>6,327.45</u> | \$ <u>13,101.00</u> | 0.00 |
| Number Street | 2009 Infiniti G37X - \$13,101.00 | | ` | |
| - Outer | The state of the s | TTP / A | | |
| | As of the date you file, the claim is: Check all that apply | .[| | |
| Santa Anna CA 92799 | _ Coundent | | | |
| Cib. 02/33 | -E ☐ Unliquidated | | | |
| State ZIP Code | ☐ Disputed | | | |
| /ho owes the debt? Check one. | | | | |
| Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | | | | |
| At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit | | | |
| | Other (including = 1) > 1 | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| te debt was incurred 2016 | | | | |
| THE THE THE PROPERTY OF THE PR | Last 4 digits of account number 9968 | | | |
| | The state of the s | kan taretativ ar aretarek egist taret eritakan fransar et konser kat, kinarat fransar et e | Children anticonomica children con construence | |
| | Describe the property that | | A second | to the trade continuent to the trade of the first |
| reditor's Name | Describe the property that secures the claim: | | 3 | |
| | Describe the property that secures the claim: | | \$\$_ | |
| | Describe the property that secures the claim: | | \$\$_ | |
| | | | \$\$_ | |
| | As of the date you file, the claim is: Check all that | | \$\$_ | |
| umber Street | As of the date you file, the claim is: Check all that apply. | | \$\$_ | |
| umber Street ty State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | \$\$_ | |
| ty State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | \$\$_ | |
| ty State ZIP Code D owes the debt? Check one. | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. | | \$\$_ | |
| ty State ZIP Code D owes the debt? Check one. Debtor 1 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as weet). | | \$\$_ | , |
| Number Street State ZIP Code O owes the debt? Check one. Debtor 1 only Debtor 2 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | | \$\$_ | |
| Number Street State ZIP Code o owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanical lien) | | \$\$_ | : |
| Number Street State ZIP Code o owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$\$ | |
| ity State ZIP Code o owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$\$ | |
| ity State ZIP Code o owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanical lien) | | \$\$ | |
| o owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt debt was incurred | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | \$\$ | |

Debtor 1 Case 16-20638 Doc 1 Filed 06/24/16 Entered 06/24/16 14:32:53 Desc Main

Last Na Document Page 23 of 55 ase number (if known)

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number Street City State ZIP Code On which line in Part'1 did you enter the creditor? ___ Name Last 4 digits of account number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number Street City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number Street City State ZIP Code On which line in Part 1 did you enter the creditor? _ Name Last 4 digits of account number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number Street City ZIP Code

| Debtor 1 Teresa A Zupec | Document Page 24 or 55 | | | |
|--|---|------------------|--------------------------|---------------------------------------|
| Middle Nar Debtor 2 | me Last Name | | | |
| (Spouse, if filling) First Name Middle Nan | ne Lasi Name | | | |
| United States Bankruptcy Court for the: Northern Dis | strict of Illinois | | | |
| Case number | and of sun lois | | | |
| (If known) | | | Пс | heck if this |
| Official Form 400F | | | aı | mended filin |
| Official Form 106E/F | | | | |
| Schedule E/F: Creditors | s Who Have Unsecured Cla | | | |
| se as complete and accurate as possible. He | Partition Trave Offsecured Cla | ims | | 12/1 |
| ist the other party to any executory contracts | Part 1 for creditors with PRIORITY claims and Part 2 or unexpired leases that could result in a claim. Als | for creditors | with NONPRIO | DITV alaim |
| (EUHOIS WITH NAME) | - TOMOTO W. LARCHIOTU I CONTRACTO | +VOORIC | ハ A でかいけおにば マヤ | • • • • • • • • • • • • • • • • • • • |
| eeded, copy the Part you need, fill it out, num | chedule G: Executory Contracts and Unexpired Lease listed in Schedule D: Creditors Who Have Claims Se listed in Schedule D: Creditors Who Have Claims Se liber the entries in the boxes on the left. Attach the Co e number (if known). | es (Official Fo | orm 106G). Do no | ot include ar |
| A CONTRACTOR OF THE PARTY OF TH | o namber (ii known). | ntinuation Pa | age to this page | pace is . On the top |
| art 1: List All of Your PRIORITY Unse | Cured Claima | | | |
| Do any creditors have priority unsecured cl | Vianiis | | | |
| 110, 00 to Fail 2 | aıms against you? | | | |
| ☑ Yes. | | | | |
| List all of your priority unsecured claims If | a creditor has more than one priority unsecured claim, lis s. If a claim has both priority and nonpriority amounts, list he claims in alphabetical | | | |
| each claim listed, identify what type of claim it is | a creditor has more than one priority unsecured claim, liss. If a claim has both priority and nonpriority amounts, list he claims in alphabetical order according to the creditor's | t the creditor s | enarately for one | Stragging Strangery |
| unsecured claims, fill out the Continuation D | he claims in alphabetical order according to the craft. | that claim her | e and show both | on claim, For priority and |
| (For an explanation of each type of claim, and the | s. If a claim has both priority and nonpriority amounts, list he claims in alphabetical order according to the creditor's of Part 1. If more than one creditor holds a particular claim instructions for this form in the instruction booklet. | name. If you i | have more than t | two priority |
| trope of claim, see the | of Part 1. If more than one creditor holds a particular cla ne instructions for this form in the instruction booklet.) | mi, not the Oth | er creditors in Pa | art 3. |
| | , | Total clain | n Priority | |
| Internal Revenue Service | | | amount | Nonprior amount |
| Priority Co. C. | | | | |
| Priority Creditor's Name | Last 4 digits of account number 7663 | s 1,800.00 |) •1.800.00 | |
| PO BOX 21126 | Last 4 digits of account number 7663 When was the debt incurred 2013 | \$_1,800.00 | 0\$_1,800.00 | |
| PO BOX 21126 Number Street | Last 4 digits of account number 7663 When was the debt incurred? 2013 | \$ 1,800.00 | \$ 1,800.00 | |
| PO BOX 21126 Number Street Philadelphia PA 19114 | When was the debt incurred? 2013 | | 0 _{\$ 1,800.00} | |
| PO BOX 21126 Number Street Philadelphia PA 19114 City State ZIP Code | When was the debt incurred? 2013 As of the date you file, the claim is: Check all that and | | 0 _{\$} 1,800.00 | |
| PO BOX 21126 Number Street Philadelphia PA 19114 City State ZIP Code Who incurred the deht? Check one | When was the debt incurred? 2013 As of the date you file, the claim is: Check all that appl Contingent Unliquidated | |) _{\$} 1,800.00 | |
| PO BOX 21126 Number Street Philadelphia PA 19114 City State ZIP Code Who incurred the debt? Check one. | When was the debt incurred? 2013 As of the date you file, the claim is: Check all that appl Contingent | | 9 \$ 1,800.00 | |
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| PO BOX 21126 Number Street Philadelphia PA 19114 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | When was the debt incurred? 2013 As of the date you file, the claim is: Check all that appl Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: | | 9 1,800.00 | |
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| PO BOX 21126 Number Street Philadelphia PA 19114 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 4 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | When was the debt incurred? 2013 As of the date you file, the claim is: Check all that appl Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury and it. | | 9 \$ 1,800.00 | |
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| PO BOX 21126 Number Street Philadelphia PA 19114 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name Jumber Street Ity State ZIP Code Jobbtor 1 only | When was the debt incurred? 2013 As of the date you file, the claim is: Check all that apple Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | ly. | | D & 0.00 |
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| PO BOX 21126 Number Street Philadelphia PA 19114 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name Jumber Street Ity State ZIP Code //ho incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | When was the debt incurred? As of the date you file, the claim is: Check all that apple Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you over the save | ly. | | D & 0.00 |

Doc 1 Los Hilled 06/24/16 Entered 06/24/16 14:32:53 Desc Main Case 16-20638 Part 2: List All of Your NONPRIORITY UnDOCHMENT Page 25 of 55 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured BEST BUY CREDIT SERVICES Total claim Nonpriority Creditor's Name Last 4 digits of account number 0459 PO BOX 78009 \$ 2,142.83 When was the debt incurred? 2016 **PHOENIX** As of the date you file, the claim is: Check all that apply. AZ78009 ZIP Code ☐ Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only ☐ Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce is the claim subject to offset? that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ₩. No Other. Specify Credit Card Debt Yes CARECREDIT/SYNCHRONY BANK Last 4 digits of account number 1449 Nonpriority Creditor's Name \$1,531.75 PO BOX 960061 When was the debt incurred? 2016 Number As of the date you file, the claim is: Check all that apply **ORLANDO** FL 0061 ☐ Contingent Who incurred the debt? Check one. ZIP Code ☐ Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ✓ No Other, Specify Credit Card Debt Yes CHASE Nonpriority Creditor's Name Last 4 digits of account number 3726 PO BOX 15298 \$3,510.00 When was the debt incurred? 2016 Street WILMINGTON As of the date you file, the claim is: Check all that apply DE 19850 Who incurred the debt? Check one. State ZIP Code Contingent Debtor 1 only Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community debt ☐ Student loans Obligations arising out of a separation agreement or divorce is the claim subject to offset? that you did not report as priority claims V. No Debts to pension or profit-sharing plans, and other similar debts Yes Other Specify Credit Card Debt

| Part 2: Case 16-20638 Doc 1 Filed 06/2 | 24/16 Entered 06/24/16 14:32:53 Desc Mi | ain |
|---|--|--|
| 3. Do any creditors have nonpriority unsecured claims | | |
| No. You have nothing to report in this part. Submit this for | orm to the court with your other schedules. | |
| 4. List all of your nonpriority unsecured claims in the alpha nonpriority unsecured claim, list the creditor separately for earlincluded in Part 1. If more than one creditor holds a particular claims fill out the Continuation Page of Part 2. 4.4 CITY OF CHICAGO. | abetical order of the creditor who holds each claim. If a creditor hach claim. For each claim listed, identify what type of claim it is. Do not claim, list the other creditors in Part 3.If you have more than three in | iot list claims already nonpriority unsecured |
| Nonpriority Creditor's Name | Last 4 digits of account number | Total claim |
| DEPARTMENT OF FINANCE Number Street | When was the debt incurred? 2014 | \$ 740.00 |
| 33589 TREASURY CENTER | | |
| CHICAGO IL 60694-3 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Contingent Unliquidated Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community debt | Student loans | |
| is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other Specify Medical Society | |
| Yes | Other. Specify Medical Services | |
| A.5 DR. JOSEPH G MCCARTIN, DDS, PC Nonpriority Creditor's Name 10401 S. KEDZIE Number Street B | 2016 | \$ 3,355.54 |
| CHICAGO IL 60613-165 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one | Contingent | |
| Debtor 1 only Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ No | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other Specify Medical Species. | : |
| Yes | Other. Specify Medical Services | |
| EMERGENCY ROOM CARE SC Nonpriority Creditor's Name | The second secon | |
| 6880 WEST SNOWVILLE RD | Last 4 digits of account number 8188 | and the majority of the contraction of the contract |
| Number Street #210 | When was the debt incurred? 2016 \$2 | 242.29 |
| BRECKSVILLE OH 3255 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. State ZIP Code | Contingent | |
| Debtor 1 only Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | |
| Is the claim subject to offset? | Obligations arising out of a sopposition | \$ • |
| No | Debts to pension or profit-sparing plans, and att | 1 3 1 |
| Yes | Other, Specify Medical Services | |

| Case 16-20638 Doc 1 List All of Your NONPRIORITY & Docum | /24/16 Entered 06/24/16 14:32:53 Desc | : Main |
|--|--|--|
| 3. Do any creditors have nonpriority unsecured alaim | | |
| No. You have nothing to report in this part. Submit this f | form to the court with | <u> </u> |
| - ANALYSIA A | our other schedules. | |
| 4. List all of your nonpriority unsecured claims in the alpha nonpriority unsecured claim, list the creditor separately for eincluded in Part 1. If more than one creditor holds a particular than the control of the co | | |
| nonpriority unsecured claim, list the creditor separately for e | abetical order of the creditor who holds each claim. If a cred | itor has more all |
| claims fill out the Continuation Report De Particular | abetical order of the creditor who holds each claim. If a cred each claim. For each claim listed, identify what type of claim it is ar claim, list the other creditors in Part 3.If you have more than the | Do not list claims alread: |
| Tage of Paπ 2. | ach claim. For each claim listed, identify what type of claim it is ar claim, list the other creditors in Part 3.If you have more than the | ree nonpriority unsecure |
| | | |
| 4.7 ILLINOIS LABORATORY MEDICINE ASSOCIATION OF THE PROPERTY O | ATES, | Total claim |
| PO BOX 5966 | Last 4 digits of account number 0842 | |
| Number Street | When was the debt incurred? 2016 | <u>\$ 17.50</u> |
| | 2010 | |
| CAROL STREAM | | |
| City 00197-5 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one | Contingent | |
| Debtor 1 only | Unliquidated | |
| Debtor 2 only | ☐ Disputed | |
| Debtor 1 and Debtor 2 only | Turn (Manne | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community debt | Student loans | |
| Is the claim subject to offset? | Obligations arising out of a separation agreement or divors | e |
| No | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar of the control of the | |
| Yes | Other. Specify Medical Services | debts |
| THE PROPERTY OF THE PROPERTY O | | |
| Nonpriority Creditor's Name | and the second plants of the properties of the second and the properties of the prop | #Militimantes as a series |
| Comenity Bank Bank | Last 4 digits of account number When was the debt incurred? 2016 | \$ 250.00 |
| Comenity Bank Bankruptcy Department 43218-2 | 2125 Princil was the debt incurred? 2016 | |
| PO Box 182125 | - Name Hall | |
| Columbus, Ohio OH 43218-217 | As of the date you file, the claim is: Check all that apply. | |
| City 43218-212 | 25. Contingent | |
| Who incurred the debt? Check one. State ZIP Code Debtor 1 only | ☐ Unliquidated | |
| Debtor 2 only | ☐ Disputed | |
| Debtor 1 and Debtor 2 only | Turn | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Student loans | |
| Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar del | |
| Yes | Other. Specify Credit Card Debt | ots |
| Kris Sedej | | - |
| Nonpriority Creditor's Name | | 26 No especial Symposium applicate basic services communications |
| 530 North Wood Street | Last 4 digits of account number | 0 |
| Number Street | When was the debt incurred? | \$6,500.00 |
| | | |
| Chicago IL 60622-6024 | As of the date you start and a | |
| Who incurred the debt? Check one. | Oneck air that apply. | |
| Debtor 1 only | ☐ Contingent☐ Unliquidated | |
| Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 and Debtor 2 only | woputeu | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community debt | Student loans | |
| to the second se | Obligations arising out of a soporation | |
| IS IDA Claim publicate and an | The second of th | |
| Is the claim subject to offset? | that you did not report as priority claims | 1 |
| is the claim subject to offset? V: No Yes | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Personal Loan | |

Doc 1 Last Filled 06/24/16 Entered 06/24/16 14:32:53 Desc Main Case 16-20638 List All of Your NONPRIORITY UNDECHED Engine Page 28 of 55 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. v 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured Rush University Pathology 4.1**d** Nonpriority Creditor's Name Total claim Last 4 digits of account number 1750 West Harrison Street \$815.00 Number When was the debt incurred? 2015 Chicago As of the date you file, the claim is: Check all that apply. IL 60612 Who incurred the debt? Check one. ☐ Contingent ☐ Unliquidated Debtor 1 only ☐ Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce Is the claim subject to offset? that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts V. No Other. Specify Medical Services 'Yes Take Charge America, Inc. Nonpriority Creditor's Name Last 4 digits of account number 8120 \$11,799.12 PO BOX 83330 When was the debt incurred? 2014 Number As of the date you file, the claim is: Check all that apply. Phoenix ΑZ 85071-3330 ☐ Contingent Who incurred the debt? Check one. State ZIP Code ☐ Unfiguidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ✓ No Other. Specify Financial Service that Consolidates Debt Yes Weiss Memorial Hospital Nonpriority Creditor's Name Last 4 digits of account number 5944 4720 Payshpere Cicle \$2,170.19 When was the debt incurred? Number 2016 Chicago As of the date you file, the claim is: Check all that apply. IL 60674-0047 City
Who incurred the debt? Check one. State ZIP Code ☐ Contingent Debtor 1 only Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community debt ☐ Student loans Obligations arising out of a separation agreement or divorce Is the claim subject to offset? that you did not report as priority claims V No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify Medical Services

| Case 16-20638 Doc 1 List All of Your NONPRIORITY UND | d 06/24/16 | Entered 06/24/16 14 Page 29 of 55 | :32:53 Desc M | ain |
|--|--|--|---|---|
| 3. Do any creditors have nonpriority upsequed at | | | | |
| No. You have nothing to report in this part Sur | aims against yo | u? | | |
| No. You have nothing to report in this part. Subs | mit this form to th | ne court with your other schedules. | | |
| 4. List all of your name | Take page makeup | Control Annual Control Control | | |
| List all of your nonpriority unsecured claims in the nonpriority unsecured claim, list the creditor separate included in Part 1. If more than one creditor holds a claims fill out the Continuation Page of Part 2. Words March 1988 | he alphabetical ely for each clair particular claim, | order of the creditor who holds on. For each claim listed, identify whilst the other creditors in Part 3.If you | each claim. If a creditor I nat type of claim it is. Do i ou have more than three | nas more than one not list claims already nonpriority unsecured |
| 4.13 Weiss Memorial Hospital Nonpriority Creditor's Name | | | | Total claim |
| 4720 Paysphere Circle | | Last 4 digits of account number | 3590 | |
| Number Street | | When was the state | 2016 | \$ <u>866.68</u> |
| | | | 2010 | |
| Chicago IL 6 | D674 0047 | As of the data you start | | |
| State 7 | 0674-0047 IP Code | As of the date you file, the claim | is: Check all that apply. | |
| Who incurred the debt? Check one. | | Contingent | | |
| Debtor 1 only Debtor 2 only | | Unliquidated Disputed | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | - Dishared | | |
| At least one of the debtors and another | | Type of NONPRIORITY unsecur | nal state | |
| | | Student loans | ea claim: | |
| ☐ Check if this claim is for a community debt | | Obligations arising out as | | |
| Is the claim subject to offset? | | Obligations arising out of a separat that you did not report as priority cl. | ion agreement or divorce | |
| K a No | ŧ | Letts to pension or profit-sharing a | lawa | : |
| Yes | i | Other. Specify Medical Services | | : |
| The state of the s | anting and million or the original of the country o | A projection or real and the contract of the c | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | \$5 x \$ x x 5 x 1000 c 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | |
| | 1 | When was the debt incurred? | | \$ |
| Number Street | | | ······································ | |
| | , | As of the data way of | | |
| City | | As of the date you file, the claim is: | Check all that apply. | |
| Who incurred the debt? Charle on State ZIP C | ode | Contingent | | |
| L_I Debtor 1 only | | Unliquidated Disputed | | |
| Debtor 2 only | L | → ryshni6a | | |
| Debtor 1 and Debtor 2 only | T | ype of NONPRIORITY unsecured | | |
| At least one of the debtors and another | r | Student loans | claim: | |
| ☐ Check if this claim is for a community debt | Ë | Obligations prints | | |
| Is the claim subject to offset? | ***** | Obligations arising out of a separation that you did not report as priority claim | agreement or divorce | |
| No No | | Debts to pension or profit charing all | | : |
| Yes | | | | |
| Nonpriority Creditor's Name | The Fire comparison of the control o | the facility of section of the secti | | · · |
| Nonpriority Creditor's Name | La: | st 4 digite of annual | والمرافقة والمستورة والمستورة والمعروض والمعروض والمتراوية والمتراوية والمتراوية والمتراوية والمتراوية والمتراوية | |
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| City Who incurred the delta at State ZIP Cod | As | of the date you file, the claim is: Ch | eck all that | |
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| Debtor 1 only | 百 | Unliquidated | | |
| Debtor 2 only | | Disputed | | |
| Debtor 1 and Debtor 2 only | | | | |
| At least one of the debtors and another | Тур | e of NONPRIORITY unsecured cl | aim; | |
| ☐ Check if this claim is for a community debt | | Student loans | | |
| is the claim subject to offset? | | Obligations arising out of a separation ag | lfeement or disease | |
| . No | | nat you did not report as priority claims | Production of divorce | |
| Yes | - L | edts to pension or profit-sharing plans | and other similar debts | |
| Some and the second sec | ~ | other. Specify | | |
| W 1994 | | | | |

Case 16-20638 Doc 1 Last Fifed 06/24/16 Entered 06/24/16 14:32:53 Desc Main

Add the Amounts for Each Type of Unsecured Claim

Part 4:

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| a saudaecharusea | | | Total cla | im |
|-----------------------------|--|-----------------|-------------|--|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 1,800.00 |
| | 6c. Claims for death or personal injury while you wer intoxicated | е 6с. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. 🖣 | + \$ | 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ | 1,800.00 |
| | V. 0. 1 | : | Total claim | |
| om Dort 2 | | | | the property of the property o |
| m Dom 2 | of. Student loans | 6f. | \$ | 0.00 |
| m Part 2 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6a | \$ | 0.00 |
| m Part 2 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. | | |
| m Part 2 | ig. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. 6h. | \$ | 0.00 |

| Debtor | Teresa A Zupec | | | | | | | | |
|---|----------------------------|--------------------|---|------------------|--|--------------------------------------|---|--|--|
| Debtor 2 | First Name | Midale | Name | Last Name | | | | | |
| (Spouse If filing) | | Middle f | | Last Name | | | | | |
| | Sankruptcy Court fo | or the Northern Di | strict of Illinois | | | | | | |
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| List separa | tely each perso | n or company | with whom vo | ou have the co | Onfract or lo | ase. Then state a | TOPERTY (Officia | ii Form 106A/B) | ł. |
| unexpired le | ent, venicie leas ases. | e, cell phone). | . See the instru | ictions for this | form in the in | ase. Then state is struction booklet | vhat each con for more exami | tract or lease i | s for (for |
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| Debtor 1 | Teresa A Zupec | | | 55 | |
|-------------------------------|---|--|---|---|--|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if fili | ng) First Name | | | | |
| | | Middle Name | Last Name | - | |
| | | he: Northern District of Illinois | | | |
| Case numbe (If known) | or | | | | |
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| Official | Form 106H | | | | Check if this is amended filing |
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| Seleti | ule H: YOU | r Codebtors | | | |
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| roc namber | (ii known). Answer | every question. | - Additional Page to th | Be as complete and accurate as n. If more space is needed, copy s page. On the top of any Additio | nal Pages, write your name a |
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| Arizona, C | California, Idaho, Loui | siana, Nevada, New Mexic | O, Puerto Rica Tavas 1 | ory? (Community property states a Vashington, and Wisconsin.) | nd territories include |
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| | | | | | • |
| | me of your spouse, former sp | pouse, or legal equivalent | | | |
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| shown in li | ne 2 again as a code | entors. Do not include yo | our spouse as a codebi | or if your spouse is filing with yo er. Make sure you have listed the | u lineate. |
| Schedule D | (Official Form 106D |), Schedule E/F (Official | s a guarantor or cosigr | er. Make sure you have listed the | Creditor on |
| ocnedule E | . , or concubie G to | fill out Column 2. | on sche | or in your spouse is filing with your ler. Make sure you have listed the fulle G (Official Form 106G). Use a | Schedule D. |
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| Column 1: | | | | Column 2: The creditor t | o whom you owe the debt |
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|--|--|--|--|---|---|
| Teresa A Zupec | | | | . | |
| Debtor 1 First Name | Middle Name | | | | |
| Debtor 2 (Spouse, if filing) First Name | | Last Name | | | |
| | Middle Name | Last Name | | | |
| United States Bankruptcy Court for th | ne: Northern District of Illinois | | | | |
| Case number (If known) | | BBCA | • • | Charleson | |
| | | | | Check if this is: | |
| | ··· | | | An amended fi | ling |
| Official Form 106I | | | | income as of the | showing postpetition chapter f e following date: |
| | | | | MM / DD / YYYY | |
| Schedule I: Yo | | | | | |
| e as complete and accurate as upplying correct information. If you are separated and your spo eparate sheet to this form. On th | possible. If two married o | ennie aro filina | | | 12/15 |
| Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. | Employment status | Debtor 1 | THE CONTRACTOR OF THE PROPERTY | | r 2 or non-filing spouse |
| | | ☐ Not emp | oloyed | | ployed |
| Include part-time, seasonal, or self-employed work. | | | | | t employed |
| Occupation may include student or homemaker, if it applies. | Occupation | | of Accounting | Deparme | |
| | Employer's name | Gallaghe | r | | |
| | Employer's address | Two Piero | ce Place | | |
| | | Number Stree | | Number | Street |
| | | | | | Olicet |
| | | | | | |
| | | Itasca II i | 60143 | | |
| | | Itasca, IL (| 60143 State ZIP Coo | le Cin. | |
| | How long employed there | City | State ZIP Cod | de City | State ZIP Code |
| | | City | State ZIP Cod | de City | State ZIP Code |
| t 2: Give Details About M | Monthly Income | city ? 8 months | State ZIP Coc | | |
| rt 2: Give Details About M | Monthly Income | city ? 8 months | State ZIP Coc | | |
| stimate monthly income as of the | Monthly Income ne date you file this form. | ? 8 months | State ZIP Coo | DV line write \$0 in 44 | |
| | Monthly Income ne date you file this form. | ? 8 months | State ZIP Coo | DV line write \$0 in 44 | |
| stimate monthly income as of the | Monthly Income ne date you file this form. | ? 8 months | State ZIP Coo | ny line, write \$0 in the spontage of the spont | pace. Include your non-filing on the lines |
| stimate monthly income as of the course unless you are separated. You or your non-filing spouse have slow. If you need more space, attainst monthly gross wages and | Monthly Income ne date you file this form. e more than one employer, one can be separate sheet to this income. | Representation of the combine the inference of the combine the c | State ZIP Coo | ny line, write \$0 in the sp | pace. Include your non-filing on the lines |
| stimate monthly income as of the couse unless you are separated. you or your non-filing spouse have allow. If you need more space, attaining the monthly gross wages, salary eductions). If not paid monthly, care | Monthly Income ne date you file this form. e more than one employer, on the aseparate sheet to this income. If and commissions (before local to the control of the contro | Representation of the combine the inference of the combine the c | State ZIP Coo | ny line, write \$0 in the span of the span | pace. Include your non-filing on the lines |
| stimate monthly income as of the course unless you are separated. You or your non-filing spouse have slow. If you need more space, attainst monthly gross wages and | Monthly Income ne date you file this form. e more than one employer, on the aseparate sheet to this income. If and commissions (before local to the control of the contro | Representation of the combine the inference of the combine the c | State ZIP Coo | ny line, write \$0 in the span of the span | pace. Include your non-filing on the lines |
| stimate monthly income as of the couse unless you are separated. you or your non-filing spouse have allow. If you need more space, attaining the monthly gross wages, salary eductions). If not paid monthly, care | Monthly Income the date you file this form. In a more than one employer, it is a separate sheet to this it is a separate sheet to this it. In and commissions (before localized what the monthly was the pay. | Representation of the combine the inference of the combine the c | State ZIP Coo | ny line, write \$0 in the spanployers for that person of the person of th | pace. Include your non-filing on the lines |

| Copy line 4 here | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|--------------------------------|---|-----------------------------------|---------|
| 5. List all payroll deductions: | → 4. | \$_8,333.34 | \$ | |
| | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | ₄ 2,379.96 | • | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ 0.00 | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ 0.00 | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ 250.00 | \$ | |
| 5e. Insurance | 5e. | \$ 316.02 | \$ | |
| 5f. Domestic support obligations | 5f. | \$ 0.00 | \$ | |
| 5g. Union dues | | 0.00 | \$ | |
| 5h. Other deductions. Specify: | 5g. | | \$ | |
| 6. Add the payroll deductions Add lines 5 | 5h. | +\$ 0.00 | + \$ | |
| 3. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + | 5h. 6. | \$_2,945.98 | \$ | |
| Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_5,387.36 | \$ | |
| List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | \$ 0.00 | | |
| 8b. Interest and dividends | 8a. | | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a depen regularly receive | 8b. dent | \$0.00 | \$ | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | \$ 0.00 | | |
| 8d. Unemployment compensation | 8c. | Ψ | \$ | |
| 8e. Social Security | 8d, | \$0.00 | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | 8e. ance | \$0.00_ | \$ | |
| Specify: | | 0.00 | | |
| 8g. Pension or retirement income | . 8f. : | \$0.00 | \$ | |
| | 8g. g | 0.00 | \$ | |
| 8h. Other monthly income. Specify: | 8h. + s | 0.00 | *\$ | |
| Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. \$ | 0.00 | \$ | |
| alculate monthly income. Add line 7 + line 9. | <u> </u> | | | |
| ud the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 5,387.36 | \$_ = s = 5 | 5,387.3 |
| tate all other regular contributions to the expenses that you list in Scheool clude contributions from an unmarried partner, members of your household, yeards or relatives. | dule J. | | | |
|) not include any amounts at a second of the | rvai ueper | idents, your roommate | s, and other | |
| o not include any amounts already included in lines 2-10 or amounts that are recify: | not availab | ole to pay expenses lis | ted in <i>Schedule J</i> . | |
| d the amount in the last column of line 40 to the | | | | 0.0 |
| d the amount in the last column of line 10 to the amount in line 11. The ite that amount on the Summary of Your Assets and Liabilities and Certain S. | result is the tatistical In | e combined monthly in formation, if it applies | come. | ,387.3 |
| you expect an increase or decrease within the year after you file this fo | | | Comb | |
| Yes. Explain: | | | | |

Filed 06/24/16 Case 16-20638 Doc 1 Entered 06/24/16 14:32:53 Desc Main Fill in this information to identify your case: Teresa A Zupec Debtor 1 First Name Middle Name Check if this is: Debtor 2 (Spouse, if filing) First Name Middle Name Last Name An amended filing United States Bankruptcy Court for the: Northern District of Illinois A supplement showing postpetition chapter 13 expenses as of the following date: (State) MM / DD / YYYY Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct 12/15 information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? $\mathbf{Z}_{\mathsf{N}_0}$ Do not list Debtor 1 and Dependent's relationship to ☐ Yes. Fill out this information for Debtor 2. Dependent's Debtor 1 or Debtor 2 Does dependent live each dependent..... with you? Do not state the dependents' names. No Yes Nο Yes Yes No 3. Do your expenses include expenses of people other than No yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and Your expenses 1,200.00 If not included in line 4: Real estate taxes 0.00 Property, homeowner's, or renter's insurance Home maintenance, repair, and upkeep expenses 0.00 4b. Homeowner's association or condominium dues 0.00 4c. 4d 0.00

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Debtor 1

Your expenses 5. Additional mortgage payments for your residence, such as home equity loans 0.00 5. 6. Utilities: Electricity, heat, natural gas Water, sewer, garbage collection 6a. 180.00 Telephone, cell phone, Internet, satellite, and cable services 6b. 0.00 6d. 6¢. Other, Specify: _ <u>305.00</u> 6d. Food and housekeeping supplies 0.00 Childcare and children's education costs 7. 800.00 Clothing, laundry, and dry cleaning 9. 8. 0.00 Personal care products and services 10 g 250.00 Medical and dental expenses 11 10. 450.00 Transportation. Include gas, maintenance, bus or train fare. 12. 11 831.00 Do not include car payments. 400.00 Entertainment, clubs, recreation, newspapers, magazines, and books 12. 13 Charitable contributions and religious donations 14 13. 100.00 14 Insurance. 0.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15a. 0.00 15c. Vehicle insurance 15b. 0.00 15d. Other insurance. Specify:___ 15c. 100.00 15d 0.00 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 0.00 16 Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17a. 0.00 17c. Other. Specify:_ 17h 0.00 17d. Other. Specify:_ 17c. 0.00 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from 0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 0.00 Other payments you make to support others who do not live with you. 19. Specify: 0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. 20b. Real estate taxes 0.00 20c. Property, homeowner's, or renter's insurance 20b. 0.00 20d. Maintenance, repair, and upkeep expenses 20c. 0.00 20e. Homeowner's association or condominium dues 20d. 0.00 20e. 0.00

| Debtor 1 Case 16-20638 Doc 1 Filed 06/24/16 Entered 06/24 Document Page 37 of 55 Case 16-20638 Doc 1 Filed 06/24/16 Entered 06/24 | ./16 14:32:53 e number (if known) | Desc Main |
|--|--|--|
| 21. Other. Specify: | 21. | + \$ 0.00 |
| .22. Calculate your monthly expenses. | [| |
| 22a. Add lines 4 through 21. | Podelman i i pr | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22a. | \$4,616.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22b. | \$ |
| vectors year monthly expenses. | 22c. | \$\$4,616.00 |
| 23. Calculate your monthly net income. | beron | The second secon |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | | |
| 23b. Copy your monthly expenses from line 22c above. | 23a. | \$5,387.36 |
| | 23Ь. | 4,616.00 |
| Subtract your monthly expenses from your monthly income. The result is your monthly net income. | - | |
| and the state of t | 23c. | \$ |
| 24. Do you expect on to | <u> </u> | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this For example, do you expect to finish paying for your car loan within the year or do you expect you mortgage payment to increase or decrease because of a modification to the terms of your mortga | | |
| | | |
| Yes. Explain here: | The same species and the same species of the s | The man Alamorana and the control of |
| | | |
| | | |
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| | | e com |
| | | The state of the same of the s |
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|---|--|--|--|--|
| 01 33 | | 22 22 22 22 22 22 23 23 23 23 23 23 23 2 | Teresa A Zupe | Debtor 1 |
| Last Name | le Name Last | Middle Name | First Name | Daharia |
| | is Non- | Middle Name | First Name | Debtor 2 Spouse, if filing) |
| Last Name | | for the Northern District | Bankruptov Court for th | Jnited States I |
| of Illinois | District of Illinois | Northern District | The second secon | ase number |
| | | | | lf known) |
| ☐ Check if amended | | | | 065 4 . |
| | | 06Dec | Form 106D | Official |
| Individual p | t an India: | - The state of the | | |
| Individual Debtor's Schedules | t all illuivi | About al | | |
| e equally responsible for supplying correct information. | both are equally room. | filing together, both ar | ed people are filing | f two marrie |
| ptcy schedules or amended schedules. Making a false statement, concealing property, ion with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 3571. | 19, and 3571. | nenever you file bankro erty by fraud in connec § 152, 1341, 1519, and | oney or property b th. 18 U.S.C. §§ 152 | obtaining me ears, or bot |
| 3571. IOT an attorney to help you fill out bankruptcy forms? | 119, and 3571. | 3 102, 1341, 1319, and | th. 18 U.S.C. §§ 152 Sign Below | Did you p |
| IOT an attorney to help you fill out bankruptcy forms? | 119, and 3571. | 3 102, 1341, 1319, and | oney or property b th. 18 U.S.C. §§ 152 | Did you p |
| 3571. | 119, and 3571. | 3 102, 1341, 1319, and | th. 18 U.S.C. §§ 152 Sign Below | Did you p |
| IOT an attorney to help you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | who is NOT an attorne | pay someone who is i | th. 18 U.S.C. §§ 152 Sign Below Pay or agree to pay Name of person alty of perjury, I deretrue and correct. | Did you p No Yes. 1 |
| IOT an attorney to help you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | who is NOT an attorne | pay someone who is i | th. 18 U.S.C. §§ 152 Sign Below Pay or agree to pay Name of person alty of perjury, I deretrue and correct. | Did you p No Yes. 1 |
| Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Sad the summary and schedules filed with this declaration and | who is NOT an attorne I have read the summa | pay someone who is i | sign Below Sign Below Pay or agree to pay Name of person alty of perjury, I dere true and correct. Pesa A Zupec Debtor 1 | Did you p No Yes. 1 Under penathat they ar |
| IOT an attorney to help you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | who is NOT an attorne I have read the summa | pay someone who is i | sign Below Sign Below Pay or agree to pay Name of person alty of perjury, I dere true and correct. Pesa A Zupec Debtor 1 | Did you p No Yes. 1 |

| Debtor 1 | Teresa A Zupe | dentify your case: | | | | |
|---|--|--|---|--|------------------------|---|
| | First Name | Middle Name | Last | Name | | |
| Debtor 2 (Spouse, if filing | g) First Name | Middle Name | | | | |
| United States | Bankruptcy Court f | for the: Northern District | Last | Name | | |
| Case number | | Moraletti District | LOT HIINOIS | | | |
| (If known) | | | | | | - |
| | | | | | | Check if this is amended filing |
| . cc | _ | | | | | ŭ |
| | orm 107 | | | | | |
| tatem | ent of Fi | nancial Aff | fairs for I | ndividuals Filin | a f b | |
| as comple | te and accurate | as possible. If two r | married neonle a | re filing together, both are en his form. On the top of any a | g for Bankr | uptcy 4/1 |
| ormation.) mber (if kno | f more space is Own). Answer ev | needed, attach a se | parate sheet to t | re filing together, both are en his form. On the top of any a | qually responsible for | supplying correct |
| | · · · · · · · · · · · · · · · · · · · | ery question. | | or or uny o | dulitoriai pages, writ | e your name and case |
| art 1: G | ive Details Ab | out Your Marital s | Status and Wh. | ere You Lived Before | | |
| | | | arus anu whe | ere You Lived Before | | |
| What is yo | ur current marit | tal status? | | · | | |
| Married | | | | | | |
| ☑ Not ma | ırried | | | | | |
| | | | | | | |
| I NO | | | | ere you live now? | | |
| INC. | t all of the places | | | clude where you live now. | | Dates Debtor 2 |
| Yes. Lis | t all of the places | | 3 years. Do not in | oclude where you live now. | | Dates Debtor 2 lived there |
| Ves. Lis | ot all of the places | | 3 years. Do not in Dates Debt lived there | clude where you live now. | | Dates Debtor 2 lived there Same as Debtor 1 |
| Yes. Lis | ot all of the places | | 3 years. Do not in Dates Debt lived there From | cor 1 Debtor 2: | | lived there |
| Ves. Lis | ot all of the places | | 3 years. Do not in Dates Debt lived there | oclude where you live now. | | lived there Same as Debtor 1 |
| Pebto Numbe | ot all of the places | s you lived in the last | 3 years. Do not in Dates Debt lived there From | cor 1 Debtor 2: | | lived there Same as Debtor 1 From |
| Qebto | ot all of the places | | 3 years. Do not in Dates Debt lived there From | cor 1 Debtor 2: | State ZIP Code | lived there Same as Debtor 1 From |
| Pebto Numbe | ot all of the places | s you lived in the last | 3 years. Do not in Dates Debt lived there From | oclude where you live now. or 1 Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | lived there Same as Debtor 1 From To |
| Yes. Lis Debto Number | et all of the places or 1; | s you lived in the last | 3 years. Do not in Dates Debt lived there From To | Same as Debtor 1 Number Street | State ZIP Code | lived there Same as Debtor 1 From To Same as Debtor 1 |
| Yes. Lis Debto | of all of the places or 1: | s you lived in the last | 3 years. Do not in Dates Debt lived there From | Same as Debtor 1 Number Street | State ZIP Code | lived there Same as Debtor 1 From To |
| Yes. Lis Debto Number | et all of the places or 1; | s you lived in the last | 3 years. Do not in Dates Debt lived there From To From To | City Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 | State ZIP Code | lived there Same as Debtor 1 From To Same as Debtor 1 |
| Ves. Lis Debto Number | et all of the places or 1; | State ZIP Code | 3 years. Do not in Dates Debt lived there From To From To | City Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 | State ZIP Code | lived there Same as Debtor 1 From To Same as Debtor 1 From |
| Ves. Lis Debto Number City | of all of the places or 1: Street | State ZIP Code | 3 years. Do not in Dates Debt lived there From To From To | City City | State 7/D Cod | lived there Same as Debtor 1 From To Same as Debtor 1 From To To |
| Number City City | st all of the places or 1: Street | State ZIP Code | 3 years. Do not in Dates Debt lived there From To From To | City | State ZIP Code | lived there Same as Debtor 1 From To Same as Debtor 1 From To |
| Number City City | st all of the places or 1: Street | State ZIP Code | 3 years. Do not in Dates Debt lived there From To From To | City | State ZIP Code | lived there Same as Debtor 1 From To Same as Debtor 1 From To |
| Number City City thin the las of territories No | st all of the places or 1; Street Street | State ZIP Code State ZIP Code State ZIP Code California, Idaho, Lou | 3 years. Do not in Dates Debt lived there From To From To Douse or legal equisiana, Nevada, N | City Number Street Number Street City City City City Uivalent in a community property Mexico, Puerto Rico, Texa | State ZIP Code | lived there Same as Debtor 1 From To Same as Debtor 1 From To |
| Number City City thin the las of territories No | st all of the places or 1; Street Street | State ZIP Code | 3 years. Do not in Dates Debt lived there From To From To Douse or legal equisiana, Nevada, N | City Number Street Number Street City City City City Uivalent in a community property Mexico, Puerto Rico, Texa | State ZIP Code | lived there Same as Debtor 1 From To Same as Debtor 1 From To |
| Number City City thin the las of territories No | st all of the places or 1; Street Street | State ZIP Code State ZIP Code State ZIP Code California, Idaho, Lou | 3 years. Do not in Dates Debt lived there From To From To Douse or legal equisiana, Nevada, N | City Number Street Number Street City City City City Uivalent in a community property Mexico, Puerto Rico, Texa | State ZIP Code | lived there Same as Debtor 1 From To Same as Debtor 1 From To |

Document Page 40 of 55 Case number (if known) Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income Sources of income Check all that apply. Gross income (before deductions and Check all that apply. exclusions) (before deductions and exclusions) From January 1 of current year until ☑ Wages, commissions, the date you filed for bankruptcy: ☐ Wages, commissions, bonuses, tips \$41,667.00 bonuses, tips Operating a business Operating a business For last calendar year: ☑ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015 bonuses, tips \$90,000.00 bonuses, tips Operating a business Operating a business For the calendar year before that: ☑ Wages, commissions, ☐ Wages, commissions, (January 1 to December 31, 2014 bonuses, tips bonuses, tips \$70,000.00 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Describe below. Gross income from each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, For the calendar year before that: (January 1 to December 31,

Case 16-20638

Debtor 1

Doc 1

Filed 06/24/16

Entered 06/24/16 14:32:53

Debtor 1

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Document Page 41 of 55 Middle Name Case number (if known)_ Last Name

| Part 3: | List Certain Payments You Made Before | You Filed for Bankruptcy |
|---------|---------------------------------------|--------------------------|
| | | |

| ₩ No | Neither Debtor 1 nor Debtor "incurred by an individual prim | 2 has primarily cons | sumer debts. Consum | er debts are defined in 1111 o | S.C. 8 101/0) |
|-------|--|--|--|---|--------------------------|
| | "incurred by an individual prim During the 90 days before you | idiny for a personal, fa | imily, or household pur | pose." | 2.0. 9 101(δ) as |
| | ☐ No. Go to line 7. | med for bankfuptcy, | did you pay any credito | r a total of \$6,425* or more? | |
| | | | | | |
| | Yes. List below each credit the total amount you paid child support and alim | tor to whom you paid a that creditor. Do not i | a total of \$6,425* or mo include payments for do | ore in one or more payments a comestic support obligations, s | and |
| | * Subject to adjustment on 4/0 | 1/19 and every 3 year | ude payments to an att | omestic support obligations, so orney for this bankruptcy case | 9. |
| ☑ Yes | Debtor 1 or Debtor 2 or both | have any | o alter that for cases the | ed on or after the date of adju | istment. |
| | During the 90 days before your | nave primarily const | imer debts. | | |
| | During the 90 days before you | med for bankruptcy, di | id you pay any creditor | a total of \$600 or more? | |
| | No. Go to line 7. | | | | |
| | Yes. List below each creditor creditor. Do not include alimony. Also, do not in | or to whom you paid a payments for domes nolude payments to ar | total of \$600 or more a itic support obligations, attorney for this bankr | and the total amount you paid such as child support and uptcy case. | that |
| | | 213 11 5 | es of Total amount | paid Amount you still | owe Was this payment for |
| | | • 5%: | i taliana kana ara-ara-ara-ara-ara-ara-ara-ara-ara-ar | and the second of the second of the second | |
| | Creditor's Name | - | \$ | \$\$ | |
| | Number Street | | | | ☐ Car |
| | | | | | Credit card |
| | | | | | Loan repayment |
| | City State | | | | Suppliers or vende |
| | City State | ZIP Code | | | Other |
| | | | | | |
| | Creditor's Name | | \$ | \$ | |
| | | | | | —— ☐ Mortgage |
| | Number Street | | | | Car |
| | | | | | ☐ Credit card |
| | | | ************************************** | | Loan repayment |
| | City State | | | | Suppliers or vendor |
| | State | ZIP Code | | | Other |
| | • | | | | |
| | | | \$ | | • |
| | Creditor's Name | | Ψ | <u> </u> | — |
| | NI) and I | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | *************************************** | | Suppliers or vendors |
| | City State | ZIP Code | | | Other |
| | otate | | | | |

Middle Nami Case number (if known) 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ☑ No Yes. List all payments to an insider. Dates of Total amount Amount you still Reason for this payment payment paid Insider's Name Number Street City State ZIP Code Insider's Name Number Street State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited Include payments on debts guaranteed or cosigned by an insider. ☑ No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still Reason for this payment payment paid Include creditor's name Insider's Name Number Street City State ZIP Code Insider's Name Number Street City ZIP Code State

Case 16-20638

eresa A Zupec

Debtor 1

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Case number (if known Identify Legal Actions, Repossessions, and Foreclosures Part 4: Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, 1 No Yes. Fill in the details. Nature of the case Court or agency Case title: Status of the case Court Name On appeal Number Street ☐ Concluded Case number City ZIP Code State Case title: Court Name Pending On appeal Number Street Concluded Case number City State ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. ZIP Code Describe the property

Creditor's Name

Street

ZIP Code

Number

City

Explain what happened

Property was repossessed.Property was foreclosed.Property was garnished.

Property was attached, seized, or levied.

Value of the property

Date

| 11. Within 90 days before yo | ou filed for bankru | cy, did any creditor, including a bank or fi use you owed a debt? | · | |
|---|--|--|--|---------------------------------|
| No | ake a payment bed | use you owed a debt? | mancial institution | , set off any amounts from your |
| Yes. Fill in the details. | | | | |
| | | NASASATTINES TENES CONTROLLED TO THE | | |
| | | Describe the action the creditor took | | Date action Amount |
| Creditor's Name | | | | Date action Amount was taken |
| R | | | | |
| Number Street | | | | \$ |
| | | | ì | |
| | | | : | |
| City | State ZIP Code | Last 4 digits of account number: XXXX— | | |
| 2 Within 4 was between | | | | |
| Creditors a service you f | led for bankruptc ₎ | was any of your property in the possession | | |
| creditors, a court-appoint | ed receiver, a cust | was any of your property in the possessic dian, or another official? | on of an assignee f | or the benefit of |
| Ľ No | | | | |
| ☐ Yes | | | | |
| art 5: List Certain Gifts | | | | |
| art 5: List Certain Gifts | and Contribution | ıs | | |
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| 3. Within 2 years before you fi | led for bankrunts. | ar i | | |
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Case number (#known) Last Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed that total more than \$600 Date you Value contributed Charity's Name Street City State ZIP Code Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, V No Yes. Fill in the details. Describe the property you lost and how Describe any insurance coverage for the loss the loss occurred Date of your loss Include the amount that insurance has paid. List pending insurance Value of property lost claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers Part 7: 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment Person Who Was Paid transfer was made Number Street City ZIP Code Email or website address Person Who Made the Payment, if Not You Official Form 107

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Case number (it known) Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Number Street ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. PNO Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street City ZIP Code 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details. Description and value of property Describe any property or payments received transferred Date transfer or debts paid in exchange Person Who Received Transfer was made Number Street State ZIP Code Person's relationship to you Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you Official Form 107

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19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) ☑ No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. V No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred Name of Financial Institution XXXX-Checking Number Street Savings Money market Brokerage City State ZIP Code Name of Financial Institution XXXX... Checking Number Street Money market **JBrokerage** Other City State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for ₽ No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? Name of Financial Institution No Name Number Street Number Street City State ZIP Code City State ZIP Code

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|--|--|---|--|--|--|---------------|
| 22 Have | | | | | | |
| 22. Have you stored property No | / in a storage unit o | or place other than yo | ur home within 1 year b | efore you filed for h | | |
| Yes. Fill in the details | i . | | • | you med to! D | ankruptcy? | |
| | | Who else has or had . | | difference services and a contraction | | |
| | | 07/1/2/2/2/2/2/2/ | access to my | Describe the contents | | Do you s |
| Name of Storage Facility | | | : | in the life in Exception (III to life in the All Co.) | | have it? |
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| | | CityState ZIP Code | · · · · · · · · · · · · · · · · · · · | | | |
| City | State ZIP Code | | | | | |
| Part 9: Identify Prope | erty Vou il | _ | : | | | |
| 23. Do you hold as annual | erty Tou Hold or | Control for Some | one Eise | | | |
| 23. Do you hold or control any or hold in trust for someon | y property that som | neone else owns? Inc | lude any property you b | Offowed from are - | toring f | |
| <u> </u> | rie. | | • | are s | toring for, | |
| Yes. Fill in the details. | | | | | | |
| | • | Where is the property? | | the second secon | erie erie erie erie erie erie erie erie | |
| | | | | escribe the property | V | lue |
| Owner's Name | | | | | 141 | |
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| - 313 | out Environmen | ital Information | | | <u> </u> | |
| art 10: Give Details Ab | out Environmen | | | The state of the s | | |
| or the purpose of Part 10, the | following definition | ns apply: | · | | | |
| or the purpose of Part 10, the Environmental law means an hazardous or toylo substantal | following definition ny federal, state, or | ns apply: r local statute or regu | lation concerning pollu | tion, contamination, | releases of | |
| or the purpose of Part 10, the Environmental law means an hazardous or toxic substance including statutes or regulate. | following definition ny federal, state, or ces, wastes, or mai tions controlling th | ns apply: r local statute or regu terial into the air, land e cleanun of those s | Later, gr | oundwater, or other | medium | |
| or the purpose of Part 10, the Environmental law means an hazardous or toxic substance including statutes or regulate. | following definition ny federal, state, or ces, wastes, or mai tions controlling th | ns apply: r local statute or regu terial into the air, land e cleanun of those s | Later, gr | oundwater, or other | medium | |
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| 20. Flave you notified any governmen | ital unit of any release of hazardous material? | |
|--|--|--|
| ☑ No | real unit of any release of hazardous material? | |
| Yes. Fill in the details. | | |
| m m die details. | Emandado esta esta esta esta esta esta esta esta | |
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| | | Date of not |
| Name of site | Governmental unit | |
| Numb | Ooverminental milit | |
| Number Street | Number Street | |
| | | |
| | City State ZIP Code | |
| City State ZIF | Code | |
| • | | |
| Ta | at or administrative proceeding under any envi | ironmental law? Include settlements and orders. |
| Ľ No □ v. ······ | S and any only | ronnental law? Include settlements and orders. |
| Yes. Fill in the details. | | |
| | Court or agency | ROWN AND AND AND AND AND AND AND AND AND AN |
| Case title | and the second of the second o | Nature of the case Status of th |
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| | Number Street | · — |
| Case number | | ☐ Conclude |
| | | |
| art 11: Give Details About You Within 4 years before you filed for bat | city State ZIP Code IT Business or Connections to Any Businessor have any | ness |
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Case number (if know Describe the nature of the business **Employer Identification number Business Name** Do not include Social Security number or ITIN. Number Street Name of accountant or bookkeeper Dates business existed City ZIP Code From To 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial ☑ No Yes. Fill in the details below. Date issued Name MM / DD / YYYY Number Street City ZIP Code Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 🗶 /s/ Teresa A Zupec Signature of Debtor 1 Signature of Debtor 2 Date 06/18/2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? Date 06/18/2016 ☑ No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? Yes. Name of person_ . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Official Form 107

Doc 1

Debtor 1

Filed 06/24/16

Document

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United States Bankruptcy Court

| | | Northern Distric | of Illinois |
|-------|--|--|--|
| 1 | n re Teresa Zupec | | The state of the s |
| ľ | Debtor Teresa Zupec | | Chapter 10 |
| | DISCI | OSURE OF COMPENSA | Chapter 13 ATION OF ATTORNEY FOR DEBTOR |
| 1. | named debtor(s) and the bankruptcy, or agreed contemplation of or in | § 329(a) and Fed, Bankr, I hat compensation paid to m to be paid to me, for service connection with the bankry | 2. 2016(b), I certify that I am the attorney for the above within one year before the filing of the petition in expected or to be rendered on behalf of the debtor(s) in appropriate the property case is as follows: |
| | For legal services, I ha | ve agreed to accept | |
| | Prior to the filing of the | is statement I have received | \$ 0.00 |
| | Balance Due | ***** | \$ <u>0.00</u> |
| 2. | The source of the comm | ensation paid to me was: | \$3.000.00 |
| | Debtor | Other (specify) | |
| 3, | The source of compensa | tion to be paid to me is: | |
| | Debtor | Other (specify) | |
| 4. | I have not agree members and associated | d to share the above-disclos ates of my law firm. | ed compensation with any other person unless they are |
| | I have agreed to members or associate people sharing in the | share the above-disclosed c es of my law firm. A copy c compensation, is attached. | ompensation with a other person or persons who are not f the agreement, together with a list of the names of the |
| 5. In | n return for the above-disase, including: | sclosed fee, I have agreed to | render legal service for all aspects of the bankruptcy |
| 4. | Analysis of the debtor file a petition in banks | s financial situation, and ruptcy; | endering advice to the debtor in determining whether to |
| b. | Preparation and filing | of any petition, schedules . | statements of affairs and plan which may be required; |
| c. | Representation of the chearings thereof; | lebtor at the meeting of cree | statements of affairs and plan which may be required; litors and confirmation hearing, and any adjourned |
| | | | |

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding

06/18/2016

Date

/s/ david aschinberg

Signature of Attorney

Aschinberg Law

Name of law firm

BEST BUY CREDIT SERVICES PO BOX 78009 PHOENIX, AZ 78009

CARECREDIT/SYNCHRONY BANK PO BOX 960061 ORLANDO, FL 0061

CHASE PO BOX 15298 WILMINGTON, DE 19850

CITY OF CHICAGO DEPARTMENT OF FINANCE 33589 TREASURY CENTER CHICAGO, IL 60694-3500

DR. JOSEPH G MCCARTIN, DDS, PC 10401 S. KEDZIE B CHICAGO, IL 60613-1657

EMERGENCY ROOM CARE SC 6880 WEST SNOWVILLE RD BRECKSVILLE, OH 3255

ILLINOIS LABORATORY MEDICINE ASSOCIATES, LTD. PO BOX 5966 CAROL STREAM, IL 60197-5966

INTERNAL REVENUE SERVICE PO BOX 21126 PHILADELPHIA, PA 19114

J.JILL
COMENITY BANK BANKRUPTCY DEPARTMENT 43218-2125.
PO BOX 182125
COLUMBUS, OHIO, OH 43218-2125.

KRIS SEDEJ 530 NORTH WOOD STREET CHICAGO, IL 60622-6024

RUSH UNIVERSITY PATHOLOGY 1750 WEST HARRISON STREET CHICAGO, IL 60612

TAKE CHARGE AMERICA, INC. PO BOX 83330 PHOENIX, AZ 85071-3330

WEISS MEMORIAL HOSPITAL 4720 PAYSPHERE CIRCLE CHICAGO, IL 60674-0047

WEISS MEMORIAL HOSPITAL 4720 PAYSHPERE CICLE CHICAGO, IL 60674-0047

WELLS FARGO DEALER SERVICES P.O. BOX 25341 SANTA ANNA, CA 92799-5341 Case 16-20638 Doc 1 Filed 06/24/16 Entered 06/24/16 14:32:53 Desc Main Document Page 55 of 55

United States Bankruptcy Court Northern District of Illinois

| In re: | Teresa Zupec | |
|--------|--------------|------------|
| | | Case No. |
| | Debtor(s) | Chapter 13 |

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

| Date:06/18/2016 | /s/ Teresa A Zupec Turn A fin |
|-----------------|-------------------------------|
| | Signature of Debtor |
| | /s/ |
| | Signature of Joint Debtor |